

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

NOV 12 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F91465**

1. Corporation Name

**SOVEREIGN, INC.**

Principal Place of Business

600 LITTLE WEGVA RD  
ALTAMONTE SPRINGS FL 32714-4333  
US

Mailing Address

600 LITTLE WEGVA RD  
ALTAMONTE SPRINGS FL 32714-7333  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
*1137 Climbing Rose Dr.*  
City & State  
*Orlando, FL 32818*  
Zip  
*32818* Country  
*ORANGE*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
*P.O. Box 585191*  
City & State  
*Orlando FL*  
Zip  
*32858-5191* Country  
*USA*

4. Date Incorporated or Qualified To Do Business in Florida

**07/21/1982**

5. FEI Number

**NOT APPLICABLE**

Applied For

*59-0245628*

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VS	COOKE, REBECCA	<del>600 LITTLE WEGVA RD</del> <i>1137 Climbing Rose Dr</i>	<del>ALTAMONTE SPRINGS FL</del> <i>Orlando, FL 32818</i>
PT	COOKE, RICHARD A	<del>600 LITTLE WEGVA RD</del> <i>1137 Climbing Rose Dr</i>	<del>ALTAMONTE SPRINGS FL</del> <i>Orlando FL 32818</i>
			<b>500002010165--0</b> <b>-11/20/96--01100--013</b> <b>***375.00 ***375.00</b>

8. Name and Address of Current Registered Agent

COOKE, REBECCA, D  
~~600 LITTLE WEGVA RD~~  
ALTAMONTE SPRINGS FL 32714

*1137 Climbing Rose Dr*  
*Orlando, FL 32818*

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Rebecca D Cooke*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *11/7/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Rebecca D Cooke*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/7/96*  
Date

*407.292.330*  
Daytime Phone

*292.5759*  
Fax

CREATING 1/96