

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004790

1. Corporation Name

SOUTH GULF INC.

Principal Place of Business

RT 1 BOX 94
SONIN LAW RD
BONIFAY FL 32425
US

Mailing Address

P.O. BOX 605
BONIFAY FL 32425
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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1993

5. FEI Number

61-1076544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOWELL, MICHAEL	RT 1 BOX 94	BONIFAY FL 32425
S	HOWELL, GLENDA	RT 1 BX 94	BONIFAY FL 32425

000003441550-5
-10/27/00-01009-024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HOWELL, GLENDA
RT 1 BX 94
SON IN LAW RD
BONIFAY FL 32425

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

Glenda Howell
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/13/2000

11. 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:

Glenda Howell
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000 850-547-0920
Date Daytime Phone #

FILED
00 OCT 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (8/00)