

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F96000001296**

1. Corporation Name

SOUTHERN FINANCIAL GROUP, INC. OF S.C.

Principal Place of Business

1340 PICKENS ST
COLUMBIA SC 29201

Mailing Address

PO BOX 12619
COLUMBIA SC 29211

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

2. New Principal Office Address, If Applicable

1220 Blanding Street
Suite, Apt. #, etc.
Columbia, SC
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 29201

Country USA

Zip

Country

REINSTATEMENT

4. Date, Incorporated or Qualified To Do Business in Florida 03/13/1996

5. FEI Number

57-0803652

- 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCKITTRICK, C. DENNIS	121 BRIARWOOD LANE	SUMMERVILLE SC 29483
CO	COLLINS, C. DAVID	210 BEAUFORT ST.	SUMMERVILLE SC 29483
VP	MAURER, MARK	919 BELTLINE BLVD.	COLUMBIA SC 29205

8. Name and Address of Current Registered Agent

MOYER, TIM
640 N ORLANDO AVE #1004
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name Mike McDonald
Street Address (P.O. Box Number is Not Acceptable)
640 N. Orlando Ave #1004
Suite, Apt. #, Etc.
City Maitland State FL Zip Code 32751

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

Mike McDonald
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 13, 2001

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: Mike McDonald
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #