

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # H93844**

1. Corporation Name

**UNITED SOUTHCO, INC.**

Principal Place of Business

Mailing Address

**1312 WEST 9 MILE ROAD  
P.O. BOX 7037  
PENSACOLA FL 32534-1651**

**1312 WEST 9 MILE ROAD  
P.O. BOX 7037  
PENSACOLA FL 32534-1651**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *99*

4. Date Incorporated or Qualified To Do Business in Florida

**01/13/1986**

5. FEI Number

**59-2764620**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVTD	LEWIS, LEE	1310 W. 9 MILE ROAD	PENSACOLA FL
S	LEWIS, RUTH	1310 W. 9 MILE ROAD	PENSACOLA FL

**500002776105--0**  
**-02/15/99--01133--030**  
**\*\*\*\*900.00 \*\*\*\*900.00**

*2-10-99*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEWIS, LEE  
1310 1/2 WEST NINE MILE ROAD  
PENSACOLA FL 32514**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **February 4, 1999**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*[Signature]*

**Lee Lewis**

**February 4, 1999**

**(850) 478-1262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)