

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVTD	LEWIS, LEE	1310 W. 9 MILE ROAD	PENSACOLA FL
S	LEWIS, RUTH	1310 W. 9 MILE ROAD	PENSACOLA FL

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

Ruth Lewis

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

1310 West 9 Mile Road

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32534

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

Ruth Lewis

REGISTERED AGENT MUST SIGN

Date April 8, 2003

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:

Ruth Lewis
Ruth Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2003 (850) 478-1262
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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