

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 10 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05267

1. Corporation Name

SOUTHERN OAKS RANCH, INC.

2. Principal Office Address - No P.O. Box #
621 Dunmar Circle

3. Mailing Office Address
621 Dunmar Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs, Florida

City & State

Winter Springs, Florida

Zip
32708

Country
USA

Zip
32708

Country
USA

REINSTATEMENT

CR2E081 (10/08)

00-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/21/1986

5. FEI Number
592675342

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rory A. Evans

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

621 Dunmar Circle

Suite, Apt. #, Etc.

City

Winter Springs

State
FL

Zip Code
32708

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Rory A. Evans
REGISTERED AGENT MUST SIGN

Date 11-6-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President/ Secretary	Rory A. Evans	621 Dunmar Circle	Winter Springs, FL 32708

10. 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 contained in Chapter 119, 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:

Rory A. Evans
Rory A. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/08
Date

(407) 841-7724
Daytime Phone #