

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 OCT 23 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 7662041

1. Corporation Name

SOUTHLAND PROPERTIES OF OCALA, INC

Principal Place of Business

Mailing Address

5135 34TH ST S

5135 34TH ST S

ST PETERSBURG, FL

ST PETERSBURG, FL

33711

33711

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

4. Date Incorporated or Qualified  
To Do Business in Florida

1-31-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2942332

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Admittance 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ERNEST FRIEDMAN	5135 34TH ST S	ST PETERSBURG FL 33711
D	NICHOLAS GRILCO	5135 34TH ST S	ST PETERSBURG FL 33711

500002329405---G

-10724797--01100--011

\*\*\*165.00 \*\*\*165.00

10/23/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAY E KAUFMAN, CPA

Name

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

6526 CENTRAL AVE

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33707

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

10/17/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Ernest Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-12-97

Daytime Phone #

CR2040 (12/96)