

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 20 AM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-03

DOCUMENT # K97398

1. Corporation Name
Southern Stock Liquidators

2. Principal Office Address
520 Maple Ave

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sanford

City & State
FL

Zip Country
32771 USA

Zip Country
32771 USA

4. Date Incorporated or Qualified
To Do Business in Florida 1986

5. FEI Number
592964091

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
Jeffery S. Dill
Street Address (P.O. Box Number is Not Acceptable)
520 Maple Ave
Suite, Apt. #, Etc.
City
Sanford

508021143629
06/26/03--01013--001 **300.10

State: Zip Code
FL 32771

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

Date

REGISTERED AGENT MUST SIGN

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
P	Jeff Dill	520 Maple Ave	Sanford FL 32771

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03
Date

407-328-8121
Daytime Phone #

6/26

SOUTHERN STOCK.com

INCLOSED IS A CHECK FOR \$300.00
TO RENEW. PLEASE WAIVE \$600.00 FEE
DUE TO THE DEPARTMENT OF STATE HAVING
THE INCORRECT ADDRESS (BOTH MAILING & REGISTERED
AGENT.)

Thank You for
your consideration
in this matter.