

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 79712

1. Corporation Name

SOS REALTY CORP.

2. Principal Office Address

3. Mailing Office Address

1605 King Arthur Circle

1605 King Arthur Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland, FL

Maitland, FL

Zip

Country

Zip

Country

32751 USA

USA

32751 USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/90

5. FEI Number

59-3013980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-00

7. Name and Address of Current Registered Agent

Name

HOWARD A. SCHIEFERDECKER

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

1605 King Arthur Circle

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

100003291281-7

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****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date

5/15/00

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
DP	WALTER L. SCHIEFERDECKER	FOOT OF FERRY STREET	ESSER, CT 06426
VP	HOWARD A. SCHIEFERDECKER	1605 KING ARTHUR CIRCLE	MAITLAND, FL 32751
DS	CYNTHIA J. SCHOCH	38 N. MAIN STREET	ESSER, CT 06426
			LS

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
WALTER L. SCHIEFERDECKER

5/12/00
Date

860-767-1267
Daytime Phone #

CR2E081 (9/97)