

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L94488**

1. Corporation Name

SOUTHERN POULTRY, INC.

Principal Place of Business

14435 7 ST
DADE CITY FL 33525
US

Mailing Address

443 N 7TH ST
14435 7 ST
DADE CITY FL 33525
US

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

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
D	MUSSER, WILLIAM	14435 7 ST	DADE CITY FL
D	MUSSER, MARY V.	14435 7 ST	DADE CITY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANLON, THOMAS J.
210 PIERCE ST
TAMPA FL 33602

Name

WILLIAM MUSSER

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

14435 7TH STREET

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33523

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

William Musser

REGISTERED AGENT MUST SIGN

Date

11-24-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-98

Daytime Phone #

352-523-1590

FILED

98 NOV 30 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1990

5. FEI Number

59-3102277

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E040 (8/98)