

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000007476

1. Corporation Name

S.O.O.D.A., INC.

Principal Place of Business

Mailing Address

160 BAHIA VIA
FORT MYERS BEACH FL 33931

160 BAHIA VIA
FORT MYERS BEACH FL 33931

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2000

5. FEI Number

Applied For

65-1057971

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/T	DEVINCENT, PAT	160 BAHIA VIA	FORT MYERS BEACH FL 33931
D/S	DEVINCENT, MARY	160 BAHIA VIA	FORT MYERS BEACH FL 33931
D	SIKET, SHERYL F	2377 RAVENNA BLVD. #202	NAPLES FL 34109
D/V	JENKINS, DAVE	1131 22ND AVE, N.	NAPLES FL 34103
D/I	TAYLOR, PENNY	995 13TH ST. N.	NAPLES FL 34102
			700004765367--3 -01/10/02--01070-AUG2 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIKET, ANDREW G
2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES FL 34105

Name

PAT DEVINCENT

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

160 BAHIA VIA

Suite, Apt. #, Etc.

FT. MYERS BEACH

City

FT. MYERS BEACH

State

Zip Code

FL

33931

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 REQUIRED
Pat Devinent

REGISTERED AGENT MUST SIGN

Date 19 DEC 01

11. 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:

PAT DEVINCENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941
19 DEC 01 463-2801

FILED

01 DEC 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/17/01 9:35/042 \$ 61.25
[Barcode]

REINSTATEMENT

2001

CR2E040 (8/01)