

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -4 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400137740434

11/07/08--01032--002 **183.75

DOCUMENT # N03000002102

1. Corporation Name

Southern Homes of Florida City, Corp.

REINSTATEMENT

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

406 SW 1 Street

3. Mailing Office Address

406 SW 1 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Florida City, FL

City & State

Florida City, FL

Zip

33034

Country

US

Zip

33034

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2003

5. FEI Number

06-1681821

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

Jose Lopez

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

406 SW 1 Street

Suite, Apt. #, Etc.

City

Florida City

State

FL

Zip Code

33034

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/31/08

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	Jose Lopez	406 SW 1 Street	Florida City, FL 33034
S	Ricardo Dager	406 SW 1 Street	Florida City, FL 33034

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 contained in Chapter 119, 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

10/31/08

Date

305-858-2858

Daytime Phone #