

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000011772

1. Corporation Name

SOCK ENTERPRISES, INC., A  
CONDOMINIUM

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

2497 15<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

Zip Country

34237 U.S.A.

3. Mailing Office Address

2497 15<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

Zip Country

34237 U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2006

5. FEI Number

800136188

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

Floyd Oney

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

2497 15<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

**REINSTATEMENT**

2013 - 2015

200270751162

03/17/15--01036--006 \*\*\$358.75

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

*Floyd Oney*

REGISTERED AGENT MUST SIGN

Date

3-12-15

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	Oney, Floyd	2497 15 <sup>th</sup> Street	Sarasota, Fl. 34237
	John M. Keller, revocable trust agreement dated April 6, 2006 as amended on December 29, 2010	2483 15 <sup>th</sup> Street	Sarasota, Fl. 34237
by OS	Turner, Jewel	2491 15 <sup>th</sup> Street	Sarasota, Fl. 34237
DT	Sandt, Peter	2481 15 <sup>th</sup> Street	Sarasota, Fl. 34237

10. E-mail Address: jturner1710tampabay,rr.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jewel Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/15

Date

941-744-2605  
Daytime Phone #