



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 DEC 27 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10000008750

1. Corporation Name

Southern Charities Corp.  
non-profit 501-c3

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

2022 Lakeview CT.

Suite, Apt. #, etc.

3. Mailing Office Address

2022 Lakeview CT.

Suite, Apt. #, etc.

City & State

Atlantic Bch Fla.

City & State

Atlantic Bch Fl.

Zip

32233

Country

Duval

Zip

32233

Country

Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

Sep 12 - 2010

5. FEI Number

☒ 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 Lisa Sparks

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

2020 Lakeview CT.

Suite, Apt. #, Etc.

City

Atlantic Bch.

State

FL

Zip Code

32233

600243092336  
12/27/12--01032--016 \*\*236.00

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 12/20/12

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
Pres	Michael David Sparks	2022 Lakeview CT.	Atlantic Bch. Fl 32233
Vice	Ruth Sparks	2022 Lakeview CT.	Atlantic Bch. Fl 32233
Treas	Thomas Sparks	2022 Lakeview CT.	Atlantic Bch. Fl 32233

DEC 28 2012

T. SCOTT

10. E-mail Address: Southern Charities @ G-mail . 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:

Michael David Sparks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-2012

Date

Daytime Phone #