

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 NOV 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **W10000008750**

1. Corporation Name

Southern Charities Corp

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

2022 Lakeview CT

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Bch FL 32233

City & State

Zip

32233

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2010

5. FEI Number

800645246

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, if Not Acceptable)

2020 Lakeview CT

Suite, Apt. #, Etc.

City

Atlantic Bch

State

FL

Zip Code

32233

600279211666
11/17/15--01003--008 **236.25

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 of Lisa Sparks]

REGISTERED AGENT MUST SIGN

Date **11-10-2015**

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 SPARKS | 2022 Lakeview CT | Atlantic Bch 32233 |
| Vice | Ruth SPARKS | 2022 Lakeview CT | Atlantic Bch 32233 |
| Sec | Thomas SPARKS | 2022 Lakeview CT | Atlantic Bch 32233 |
| | | | |
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| | | | |

REINSTATEMENT
- 2015

10. E-mail Address:

(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:

[Signature of Michael Sparks]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-2015

Date

Daytime Phone