

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

DOCUMENT # P00000045717

1. Corporation Name

SOHOFL INC

REINSTATEMENT 02-04

2. Principal Office Address

95 Laura Hamilton

3. Mailing Office Address

P O Box 460207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

HOUSTON TX

Zip

32459

Country

USA

Zip

77056

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

5/8/2000

5. FEI Number

58-2608887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

C T. Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City Plantation

State
FLZip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Denise Bell

Denise Bell

Date 9-28-04

REGISTERED AGENT Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Pres	TODD MARKEY	114 Pointe Circle Drive	SANTA ROSA BEACH FL 32459

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 taxes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.028.04

Date

Daytime Phone #

(850)
267 0729