### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT# P00000048977

1. Corporation Name

SOUTHLAND DEVELOPMENT OF NORTH FLORIDA. INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address			3. Mailing Office Address		4 (1500014902929 103/28/0301028002 ***300_00,		
Suite, Apt. #, etc.	w Hampshire	S.C. Suite, Apt. #, etc.				0	<u> </u>
City & State		City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florids 5 / 17		/2000
Covington, LA 70433		0.0 2 0.52			5. Fill Number 59-2549370		Applied For Not Applicable
<sup>Ζίρ</sup> 70433	USA	Zip	Country	•	CERTIFICATE OF STATUS DESIRED	☐ \$3.75 a <sub>1</sub> 0.	

7. Name and Address of Current Registered Agent	
Name - Corporation Service Company	_
Object Address (P.O. Box Number is Not Acceptable)	
Buite, ApL #, Etc.	
City Tallahassee	6tate   Zip Code

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.

Cynthia L. Harris

Signature o Registered	Agent// CONCOR / V VVVV		Date 3/11/2003			
	REGISTERED AGENT MUST SIGN					
9. Name	TT	(Floride nonprofit corporations must list at least 3 directors)	<u> </u>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and for Director	City / State / Zip			
ם	Sanderson, Michael G.	517 N. New Hampshire St.	Covington, LA 70433			
D	Wendei, Eric	1710 Orleans Street	Mandeville, LA 70448			
D	LeBlanc, wayne M.	517 N. New Hampshire St.	Covington, LA 70433			
		_	<del>)0013986982                                  </del>			

10. I certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, P.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 mames 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 algorithms are the plantage of the corporation in the end accurate, and my algorithms are the plantage of the corporation.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 800-733-4742



ACCOUNT NO. : 07210000032

REFERENCE: 964193 81040A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: March 12, 2003

ORDER TIME: 1:24 PM

ORDER NO. : 964193-005

CUSTOMER NO: 81040A

CUSTOMER: Ms. Pam' Hammond

Shell Fleming Davis & Menge Floor Ninth, Seville Tower

226 Palafox Place Pensacola, FL 32501

DOMESTIC FILINGS

NAME:

SOUTHLAND DEVELOPMENT OF

NORTH FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS

## SOUTHLAND DEVELOPMENT OF NORTH FLORIDA. INC. 517 N. New Hampshire Street Covington, LA 70433

Florida Department of State **Division of Corporations** Reinstatement Division P. O. Box 6327 Tallahassee, Florida 32301

Reinstatment of Southland Development of North Florida, Inc.

P00000048977

### Gentlemen:

The captioned corporation was dissolved because of failure to file annual reports for the years 2002 and 2003. I never received the notice from your office. My address has changed from the address listed in your records and I assume that is why I did not receive them. I respectfully request that you please reinstate the captioned corporation. I am enclosing the Reinstatement form along with my check in the amount of \$300.00 for the required reinstatement fee. If you should have any questions or comments, please do not hesitate to give me a call. Thanks you for your assistance in this regard.

Yours truly,

Southland Development of North Florida, Inc.

By

Wayne M. LeBlanc
3-11-03
(800)-733-4742

/pfh **Enclosures**