

PLEASE READ ALL INSTRUCTIONS BEFORE C

**FILED**

**Mar 13, 2003 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

SOUTH SUMTER, INC.

10000051895

50001413495  
03/20/03--01056--029 \*\*1050.00

2. Principal Office Address

590 W. Kings Highway

Suite, Apt. #, etc.

City & State

Center Hill, FL

Zip

33514

Country

USA

3. Mailing Office Address

P.O. Box 354

Suite, Apt. #, etc.

City & State

Center Hill, FL

Zip

33514

Country

USA

**REINSTATEMENT** 03-03

4. Date Incorporated or Qualified  
To Do Business in Florida

May 22, 2000

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

Clarence M. Craig

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

590 W. Kings Highway

Suite, Apt. #, Etc.

City

Center Hill

State

FL

Zip Code

33514

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

*Clarence M. Craig*  
REGISTERED AGENT MUST SIGN

Date

3-4-03

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
PD	Clarence Craig	7750 CR 736	Center Hill, FL 33514
VD	Clarence M. Craig	590 W. Kings Highway	Center Hill, FL 33514

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 fees 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:

*Clarence M. Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-03

352-793-5383

Daytime Phone #

CR2E081 (10/02)

285102