

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DOCUMENT # P00000092571

1. Corporation Name

SOUTHERN DOOR TECHNOLOGIES, INC.

2. Principal Office Address

Post Office Box 716

Suite, Apt. #, etc.

City & State
Lake Butler, Florida

Zip 32054-0716 Country United States

3. Mailing Office Address

Post Office Box 716

Suite, Apt. #, etc.

City & State
Lake Butler, Florida

Zip 32054-0716 Country United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3665984

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

EZRA E. MOCK

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

RT. 4 BOX 2554

Suite, Apt. #, Etc.

City
Lake Butler

State
FL

Zip Code
32054

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

Ezra E. Mock
REGISTERED AGENT MUST SIGN

Date

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
DPT	EZRA E. MOCK	RT. 4 BOX 2554	Lake Butler, FL 32054
DVS	EZRA MOCK	RT. 4 Box 2555	Lake Butler, FL 32054

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:

Ezra E. Mock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EZRA E. MOCK

Date

(904) 241-2533
Daytime Phone #

CR2E081 (9/00)



**TRIPLE
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320 Osceola Avenue
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www.triplechecktax.com

March 12, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document # P00000092571 – Southern Door Technologies, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and his 2 payments of \$150.00 each for the periods of 2001 and 2002.

Mr. Mock, President of the above Corporation, did not receive his reports for the referenced periods. Apparently the address was not input correctly when the Articles of Incorporation were processed. During the tax interview this month, it was determined that the reports had not been filed. Mr. Mock has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check # 535 and 1785