

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT # PO10000010 195

1. Corporation Name

SOUTHERN STATES GRAPE INDUSTRY, INC

2. Principal Office Address

2110 BELLAMY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2110 BELLAMY ROAD

Suite, Apt. #, etc.

City & State

FLORAHOME, FL

City & State

FLORAHOME, FL

Zip

32140

Country

USA

Zip

32140

Country

USA

900029037649

02/19/04--01005--024 **908.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

59-3702547

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

CLARK, ROWAN E. ESQ

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

501 ST. JOHNS AVE

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

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]

REGISTERED AGENT MUST SIGN

Date 3/2/04

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
DPST	MASON, JERRY E	2110 BELLAMY ROAD	FLORAHOME, FL. 32140

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:

[Signature]

JERRY E. MASON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-04

Daytime Phone #

386-972-6442

CR2081 (01/04)