

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 AUG 18 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100017

1. Corporation Name

SOUTHERN PRIMARY CO.

061-160017

2. Principal Office Address

2609 N. OLEANDER AVE

Suite, Apt. #, etc.

# 15

City & State

DAYTONA BEACH, FL

Zip

32118

Country

USA

3. Mailing Office Address

P.O. Box 971

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32115

Country

USA

200022384572  
08/18/03--01065--008 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2001

5. FEI Number

65-1149863

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

ENDRE BANAI

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

2609 N. OLEANDER AVE.

Suite, Apt. #, Etc.

# 15

City

DAYTONA BEACH

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date

07-08-03

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
P, VP SEC, T	ENDRE BANAI	2609 N. OLEANDER AVE DAYTONA BEACH, FL 32118	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-08-03 (386) 12-9044

Daytime Phone #

CR2E081 (10/02)