

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000009485

1. Entity Name
SOFA DIRECT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 10:00

Principal Place of Business
7171 N. DAVIS HWY., STE. A-11-A
PENSACOLA, FL 32504

Mailing Address
8844 SCENIC HWY
PENSACOLA, FL 32514

REINSTATEMENT 65-06



2. Principal Place of Business

3. Mailing Address
5028 Skylark Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola, FL

Zip

Country

Zip
32505

Country

Escambia

01102006 REIN-P CR2E098 (11/05)

4. FEI Number
26-1505570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAW, MACK W
7171 N. DAVIS HWY., STE. A11A
PENSACOLA, FL 32504

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

300064507273
01/23/06--01030--004 **900.00

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ELLIS, JULIA
STREET ADDRESS 8844 SCENIC HWY.
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D,P,S,T ☐ Change ☒ Addition
NAME Daw, Mack W.
STREET ADDRESS 5028 Skylark Court
CITY-ST-ZIP Pensacola, FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06
Date

850-4775673
Daytime Phone #