

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV 20 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108090

1. Corporation Name

SOUTHERN LIVING SUNROOMS INC.

2. Principal Office Address

870 MARYS PARK PL

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

34787

Country

ORANGE

3. Mailing Office Address

376 Bridge Creek Blvd.

Suite, Apt. #, etc.

City & State

OCOE, FL

Zip

34761

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

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

Alan Gioia

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

376 Bridge Creek Blvd

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34761

700024896007

11/20/03 01003 025 \*\*750.00

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

Alan Gioia

Date 11-17-3

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>Alan Gioia</u>	<u>376 Bridge Creek Blvd</u>	<u>OCOE FL 34761</u>

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:

Alan Gioia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-3

Date

321-363-4730

Daytime Phone #

CR2E081 (10/02)