

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR -5 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD30000000 5659

**1. Corporation Name**

SOP Enterprises, Inc.

**2. Principal Office Address**

821 S. Kirkman Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 616712

Suite, Apt. #, etc.

**City & State**

Orlando, FL

Zip

32811

Country

USA

**City & State**

Orlando, FL

Zip

32861

Country

USA

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

01/13/03

**5. FEI Number**

02-0667735

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

**Name**

Jonathan L. McKnight

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

805 S. Kirkman Rd

Suite, Apt. #, Etc.

**City**

Orlando

**State**

FL

**Zip Code**

32811

REINSTATEMENT 04-06

**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

*Jonathan L. McKnight*

REGISTERED AGENT MUST SIGN

Date

3/31/06

**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
V.P.	Nathaniel Weathers	4519 Arch St.	Orlando, FL 32808
Dir.	Sheila Williams	7895 St. Giles PL	Orlando, FL 32835
Dir.	Wilma Tompkins	13108 Fox Grove St.	Winter Garden, FL 34787
			200071629182 04/24/06--01053--002 **1261.25

**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 contained in Chapter 119, 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

*Jonathan L. McKnight*

3/31/06

Date

407-294-5487

Daytime Phone #