

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 15 PM 3:27

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000125155

1. Corporation Name

Southern Charm Sales, Inc

2. Principal Office Address - No P.O. Box #
120 Johnston Ave

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville

City & State

Zip
32211

Country
USA

Zip

Country

REINSTATEMENT 05-67

4. Date Incorporated or Qualified
To Do Business in Florida **8/31/04**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Victoria B Nelson

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

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32211

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Date

4/27/07

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
Pres	Victoria B Nelson	120 Johnston Ave	Jacksonville, FL 32211
VP	Hanford B Nelson, Jr	120 Johnston Ave	Jacksonville, FL 32211

200102608132

05/27/07 01020 020 **450.00

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:

VICTORIA A B NELSON

Date

4/27/07

Daytime Phone #

704-

535-0575