PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # I4-D93000017227

1. Corporation Name
Shops of SouTEL, INC.

2. Principal Office Address	**3.** Mailing Office Address
821 Acorn St	4750 SouTEL DR
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. (B)
City & State JAX, FLA	City & State JAX, FLA
Zip 32208 Country DUVAL	Zip 32208 Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 3/8/93

5. FEI Number 59-325-7711 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED NO

7. Name and Address of Current Registered Agent

Name: ALFRED F. DENSON 400025082384
11/26/03--01059--036 **12.00

Street Address (P.O. Box Number is Not Acceptable): 821 ACORN STREET

Suite, Apt. #, Etc.:

City: JACKSONVILLE FZip Code: 32209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Alfred Denson Date: 11-24-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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	DENSON, ALFRED	821 ACORN STREET	JAX, FLA 32209
T	JACKSON, KEVIN	6019 BALT Rd	JAX, FLA, 32209
V	DENSON, JOSE	4750 SouTEL DR	JAX, FLA, 32208
S	DENSON, LEON	4750 SouTEL DR	JAX, FLA, 32208
		DELINQUENT AMENDED TO	

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: Alfred Denson 11-19-03 904-924-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #