CTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FILED REINSTATEMENT \$9 JUN 21 PH 1: 02 . P93000035145 DOCUMENT # CECCETARY OF STATE TALLAMASSEE, FLORIDA 1. Corporation Name . SOJ ENTENPICES, INC Principal Place of Business Mailing Address 704 By Tree RA South Daytons, E 32119 REINSTATEMENT 96-99® If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 704 BIL TREE Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 24.3180154 Not Applicable South Days \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 32119 use 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 704 Big True 14 STEALER E. JENKINS, In Res South Dayrow, Fr 3210 VP 928 CANAL VIEW STEMEN R. JOHN'S Port Onemy Fe 32119 D.: Stanuar & Jewini, Si Dorson Beaul 1232114 Trangon Wy Yvame Jenice SLL South Dorton, to 32119 704 Big Tree Pd **500002915735--6** -06/25/99--01060--015 \*\*\*1200.00 \*\*\*1208.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent STONEY & JENICIA, In Street Address (P.O. Box Number is Not Acceptable) 704 Big Tree Ad South Dorton, The 32119 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent EGSTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🛣 No 🗆 Intangible Personal Property Tax due June 30. 12. 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 who 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 are 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. STANLES C. JENKINS J. .. Daytime Phone #