

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:34

DOCUMENT # P94000054232

1. Corporation Name

SOUTHLAND SALES INC.

Principal Place of Business

2704 ROOKS ROAD
DAVENPORT FL 33837

Mailing Address

2704 ROOKS ROAD
DAVENPORT FL 33837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1994

5. FEI Number

59-3256556

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PO	POEHLMAN, CLARE	2704 ROOKS ROAD	DAVENPORT FL 33837
VP	SHIRA, THOMAS	4258 STAFFORD DRIVE	WINTER HAVEN FL 33880

000003027070--6
-10/27/99--01098--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SHIRA, TOM
4258 STAFFORD DRIVE
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Thomas C. Shira

REGISTERED AGENT MUST SIGN

Date 10-18-99

11. 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:

Thomas C. Shira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99

Date

941-206-5596

Daytime Phone #

SOUTHLAND SALES, INC.
2704 Rooks Road
Davenport Florida 33837

October 18, 1999

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

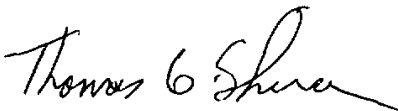
To whom it may concern:

As instructed, I am writing this letter to inform you that I did not receive the first notice to file the corporation. I am requesting that the late fees be dropped, as this is the first notice received.

Enclosed are the form and a check in the amount of \$150.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas G. Shira".

Thomas G. Shira
Southland Sales, Inc.