

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 27 PH 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000080023**

1. Corporation Name

SOUTHLAND FINANCE, INC.

Principal Place of Business

PO BOX 2234
HALLANDALE FL 33008

Mailing Address

PO BOX 2234
HALLANDALE FL 33008

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0530888

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	AMICA, JUAN O	1020 E HALLANDALE BEACH BLVD #90	HALLANDALE FL 33008
D	AMICARETTI, OSCAR J	801 GOLDEN ISLES, SUITE 100	HALLANDALE FL 33008
D	CHENEZ, CARLIA H	8410 EMERALD POINT DRIVE, SUITE	HOLLYWOOD FL 33021
P.	Oscar J. Amicarelli	1920 East Hallandale Beach Blvd.	Hallandale, FL 33009
			300002018043--3
			-12/03/96--01117--002
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

AMICA, JUAN O
1020 E HALLANDALE BEACH BLVD #904
HALLANDALE FL 33008

9. Name and Address of New Registered Agent

Name Oscar J. Amicarelli
Street Address (P.O. Box Number is Not Acceptable)
1920 E. Hallandale Beach BL #904
Suite, Apt. #, Etc.
City Hallandale State FL Zip Code 33009

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-21-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96 (95)
455-8388
Daytime Phone