PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATIONS FORM?
FORM
EINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400090706

1. Corporation Name

Principal Place of Business

SOUTHERN ENGINES INC.

Mailing Address

FILED

98 APR 14 PM 2: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA

JACKSONVILLE FL 32254 CAI US		CAMDEN NJ	C/O 332 S. 17TH STREET CAMDEN NJ 08105			REINSTATEMENT C			
	a incorrect in any way, line the			correction below.	<u> </u>		- described		
		<u> </u>	ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business In Florida 10/15/100/		12/15/1994		
Suite, Apt. #, etc. Suit		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number	r		lled For	
City & State		City & State		——————————————————————————————————————	22-3339347 Not Applical				
Zip	Country	Zip	Country	/	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional F for a Certificate	ee required of Status	
7. Names and Street Ad	dresses of Each Officer and	or Director (Flor	ida nonprofit corpora	tions must list at lea	ast 3 directors)				
Titie(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb			4	City / Stately Z/D	BAK		
PTS 4 CUMMINS, GLENN JR.			129 LACOSTA DR.			BLACKWOOD NJ			
•				•		000024 -04/17/9 *****900 000024 -04/17/9 *******8	9 501006 9 9.00 ****90 9 1 602- 18010060	3 42	
8. Name and Address of Current Registered Agent				Name	9. Name and	Address of New Regis	stered Agent		
AKERMAN, SENTERFITT & EIDSON, P.A. 216 S. MONROE STREET SUITE 200 TALLAHASSEE FL 32302-2555				EDWIN F. BLANTON Street Address (P.O. Box Number Is Not Acceptable) 825 THOMASVILLE ROAD Suite, Apt. #, Etc. City TALLAHASSEE State Zip Code FL 32303					
10. I, being appointed the Signature of Registered Agent	e registered agent of the abo	<u>}</u>	ration, am familiar wi			Date Date	10,1998	5	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X									

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 rapie 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 prior as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-97

609-365-8631

Daytime Phone #