

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061532

1. Corporation Name

SOUTHERN WARMUPS, INC.

Principal Place of Business

703 NW 7TH AVENUE
WILLISTON FL 32696

Mailing Address

427 MARION OAKS GOLFWAY
OCALA FL 34473
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1995

5. FEI Number

NOT APPLICABLE

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
P	BROGDEN, SEAN	427 MARION OAKS GOLFWAY	OCALA FL 34473
VP	BROGDEN, PETER	427 MARION OAKS GOLFWAY	OCALA FL 34473
S	VORWERK, JOSEPH	480 SE 90TH STREET	OCALA FL 34480
D	TUTEN, RICHARD	1328 SE 8TH STREET	OCALA FL 34471

8. Name and Address of Current Registered Agent

BROGDEN, SEAN
427 MARION OAKS GOLFWAY
OCALA FL 34473

9. Name and Address of New Registered Agent

Name

BROGDEN PETER

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

427 MARION OAKS GOLFWAY

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34473

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 of Peter Brogden
REGISTERED AGENT MUST SIGN

Date

11/13/2000

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:

Signature of Peter Brogden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-588-0080

CR/E040 (8/00)