

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 10 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Southern Group International, Inc.

P95000061770

2. Principal Office Address

319 Ebenezer Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Zip

37923

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/1995

5. FEI Number

65-06001212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-07
500020692555
06/09/03--01087--012 **\$75.00

7. Name and Address of Current Registered Agent

Name

Littman, Sherlock & Hymes

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

618 E. Ocean Blvd., #5

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/22/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ Dir.	Jon Nix	319 Ebenezer Road 319 Ebenezer Road	Knoxville, TN 37923
Dir.	Farrald Belote	319 Ebenezer Road	Knoxville, TN 37923
Secy	Jeanne Nix	319 Ebenezer Road	Knoxville, TN 37923
Dir	Charles Kite	319 Ebenezer Road	Knoxville, TN 37923

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Nix

President

Date

5/23/03

865-310-2288

Daytime Phone #

CR2E081 (10/02)

7/6/10