PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**REINSTATEMENT** 98-06
CR2E081 (12/05)

DOCUMENT # P95000078584

**1.** Corporation Name

Southern Heritage Press, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| PO Box 10937 | PO Box 10937 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| St. Petersburg | St. Petersburg |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 33733 | Pinellas | 33733 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida **10/09/1995**

**5.** FEI Number 62-15-195022.4 — ☐ Applied For / ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name
Kennedy, Byron L.

Street Address (P.O. Box Number is Not Acceptable)
3851 - 12th Street NE

Suite, Apt. #, Etc.

City
St. Petersburg

State
FL

Zip Code
33703

**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 _____

**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 |
|---|---|---|---|
| D | Kennedy, Byron L. III | 3851 - 12th Street NE | St. Petersburg, FL 33703 |
| D | Kennedy, Byron L. | 1219 - 9th Street N | St. Petersburg, FL 33701 |
| | | 900077765129 07/20/06--01004--011 **1059.75 | |
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**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 contained in Chapter 119, 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: _BYRON L. KENNEDY_ _____ 727-821-2379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #