

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -6 AM 10:33

DOCUMENT #

P96000005745

1. Corporation Name

SOUTHERN AUTOMATIC, INC. <sup>Entrances</sup>  
900 NW 122ND AVENUE  
PLANTATION, FL 33325

2. Principal Office Address

3. Mailing Office Address

900 NW 122ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

Country

Zip

Country

33325

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/96

5. FEI Number

65-0639002

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

CIRIACO PARENTE

000004726420--5

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

900 NW 122ND AVENUE

\*\*\*\*765.00 \*\*\*\*765.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33325

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

Ciriaco Parente

Date: 12/04/01

REGISTERED AGENT MUST SIGN

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
PRESIDENT	CIRIACO PARENTE	900 NW 122ND AVE	PLANTATION, FL, 33325

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)(b), 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:

Ciriaco Parente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SOUTHERN AUTOMATIC, INC.  
900 NW 122<sup>ND</sup> AVENUE  
PLANTATION, FL 33325**

12-04-01

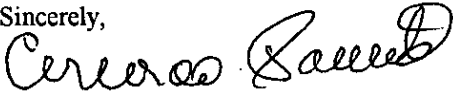
FLA. DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: Reinstatement of Southern Automatic, Inc. (EIN #65-0639002)

Dear Sir or Madam:

I haven't received a corporate annual report since my company was incorporated and wasn't aware that I had to file the report and pay annually. Please except the enclosed check for \$765.00 instead of \$1,350.00 for reinstatement of my corporation. In the future, I will pay the annual fee and will file annual report on time. Please note my address above and verify it is the same on record with your department.

Sincerely,



Ciriaco Parente  
President

CP/pm  
Enclosure