PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 31 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000018420

1. Corporation Name

SOUTHERN FINANCIAL, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 5009~~	~~P.O. BOX 5009~~
~~SUN CITY CENTER FL 33571-5009~~	~~SUN CITY CENTER FL 33571-5009~~

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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
8750-11 GLADIOLUS DRIVE	8750-11 GLADIOLUS DRIVE
Suite, Apt. #, etc. SUITE 153	Suite, Apt. #, etc. SUITE 153
City & State FORT MYERS FLORIDA	City & State FORT MYERS FLORIDA
Zip 33908 Country U.S.A.	Zip 33908 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/1996

5. FEI Number: Applied For / Not Applic

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~PYLE, TERRENCE F~~	~~P.O. BOX 5009~~	~~SUN CITY CENTER FL 33571~~
P/S T/D	GUZZO, ROBERT F.	8750-11 GLADIOLUS DRIVE SUITE 153	FORT MYERS FLORIDA 33908

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-11/04/97--01064--009
****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~PYLE, TERRENCE F~~
~~707 DEL WEBB BLVD.~~
~~SUN CITY CENTER FL 33573~~

9. Name and Address of New Registered Agent

Name: GUZZO ROBERT F.
Street Address (P.O. Box Number is Not Acceptable): 8750-11 GLADIOLUS DRIVE
Suite, Apt. #, Etc.: SUITE 153
City: FORT MYERS State: FL Zip Code: 33908

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: Robert F. Guzzo, President Date: 10/28/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

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 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: Robert F. Guzzo, President 10/28/97 941/497-2735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #