

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000038900

1. Corporation Name

SOUTHERN HOLDINGS, INC.

Principal Place of Business

Mailing Address

433 E. GOVERNMENT
PENSACOLA FL 32501

433 E. GOVERNMENT
PENSACOLA FL 32501

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6308 N. DAVIS HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 1178
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1996

5. FEI Number

59-3383126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

PENSACOLA FL.

Zip

32504

Country

USA

City & State

COLUMBIA IL

Zip

62236

Country

USA

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D
P

FRIEDRICH, GRANT

1200 FT PICKENS RD 12F
1613 GEDEN DR.

GULF BREEZE FL 32561
COLUMBIA IL 62236

V
S

FRIEDRICH, PAUL

325 N. MAIN

COLUMBIA IL 62236

S

FRIEDRICH, ALICE

325 N. MAIN

COLUMBIA IL 62236

V
S

CHRISTINA FRIEDRICH

1613 GEDEN DR.

COLUMBIA FL 62236

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

FRIEDRICH, GRANT
1200 FT PICKENS RD
12F
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

GRANT FRIEDRICH

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

1613 GEDEN DR. 6308 N. DAVIS HWY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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

REGISTERED AGENT MUST SIGN

Date 3-1-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02

618-281-7131