

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

City & State  
 PENSACOLA FL.

City & State  
 COLUMBIA IL

5. FEI Number

59-3383126

Applied For

Not Applicable

Zip Country  
 32504 USA

Zip Country  
 62236 USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
✓ D P	FRIERDICH, GRANT	<del>1200 FT PICKENS RD 12F</del> 1613 GEDEN DR.	GULF BREEZE FL 32561 COLUMBIA IL 62236
✓ S	FRIERDICH, PAUL NO LONGER	325 N. MAIN	COLUMBIA IL 62236
✓ S	FRIERDICH, ALICE NO LONGER	325 N. MAIN	COLUMBIA IL 62236
✓ S	CHRISTINA FRIERDICH	1613 GEDEN DR.	COLUMBIA FL 62236

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name  
 GRANT FRIERDICH  
 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

*[Signature]*  
 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

3-1-02 618-281-7131

Date

Daytime Phone #

CFR2040 (8/01)