

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC 29 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # **196000068406**

1. Corporation Name

S.O.S. Maintenance, Inc.

Principal Place of Business

430 Hwy 393 South, Suite D  
Santa Rosa Beach, FL 32459

Mailing Address

10221 West Emerald Coast  
Parkway, Suite 20  
Destin, FL 32541

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/14/1996

5. FEI Number

76-00007916728

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
P	Michel Brasseur	10221 West Emerald Coast Parkway, Suite 20	Destin, FL 32541
S	Kellene Fowler	10221 West Emerald Coast Parkway, Suite 20	Destin, FL 32541
			000003095350-9
			-01/12/00-01004-006
			***1667.50 *****908.75

REINSTATEMENT

76-0000

908.75

8. Name and Address of Current Registered Agent

Debbie Kotke  
10221 West Emerald Coast Parkway, Suite 20  
Destin, FL 32541

9. Name and Address of New Registered Agent

Name

Kellene Fowler

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

10221 West Emerald Coast Parkway, Suite 20

Suite, Apt. #, Etc.

Suite 20

City

Destin

State  
FLZip Code  
32541

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

12/29/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kellene Fowler

Date

12/29/99 850 267-2121

Daytime Phone #