

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 15 AM 9:21

DOCUMENT # **P97000010097**

1. Corporation Name

**SOUTHERN PRODUCTS OF TAMPA, INC.**

Principal Place of Business

**5814 RED CEDAR LN  
TAMPA FL 33625  
US**

Mailing Address

**5814 RED CEDAR LN  
TAMPA FL 33625  
US**



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

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/31/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3443918**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>HAUFFE, ARTHUR E</b>	<b>5814 RED CEDAR LN</b>	<b>TAMPA FL 33625</b>
			<b>600004649956--6</b>
			<b>-10/23/01--01048--013</b>
			<b>****150.00 ****150.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HAUFFE, ARTHUR E  
5814 RED CEDAR KB  
TAMPA FL 33625**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/12/01**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ART HAUFFE**

Date

**10/12/01**

Daytime Phone #

**813-961-0915**

CR2E040 (8/01)

Southern Products of Tampa, Inc.  
5814 Red Cedar Lane  
Tampa, Florida 33625

October 12, 2001

Division of Corporations  
Annual Report  
PO Box 6327  
Tallahassee, Florida 32314

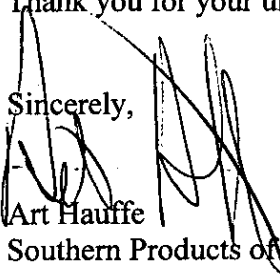
Dear Sir or Madam:

I received the enclosed reinstatement in the mail yesterday. I called today and explained that I never received the original corporate report that I usually get on the first of year.

The person I spoke to today told me to fill out the enclosed form and sent it with \$150.00 and this letter explaining I never received the one due on May 1<sup>st</sup>.

Thank you for your understanding in this matter.

Sincerely,



Art Hauffe  
Southern Products of Tampa, Inc