

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P97000030991

1. Corporation Name

SOUTHERN MANUFACTURING SYSTEMS, INC.

Principal Place of Business

Mailing Address

3064 MOODY AVENUE
ORANGE PARK FL 32065

3064 MOODY AVENUE
ORANGE PARK FL 32065

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1997

5. FEI Number

☒ Applied For

☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	BARLING, SID S	3064 MOODY AVENUE	ORANGE PARK FL 32065

200002701452-3
-12/03/98--01042--013
****300.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

SID S. BARLING
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/16/98

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:

SID S. BARLING
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98

(904) 264-8733

FILED

98 NOV 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/98)

AR&R Builders, Inc.

**3064 MOODY AVE.
ORANGE PARK, FL 32065**

Phone 904-264-8733

November 16, 1998

Dept. Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Today we received (2) Notices Of Administrative Dissolution Or Revocation. The first was for AR&R Builders Inc., and the second for Southern Manufacturing Systems Inc.

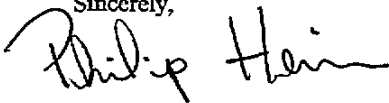
The reason stated for cancellation was that we did not file our annual reports due by May 1st 1998. These (2) reports and a check for \$300.00 were supposedly mailed in early March by the office manager at that time, Carolyn Cornwell.

We have not found the check in question.

After my conversation with Tyrone in your office today it is apparent that these items were not received. Per his instructions I am enclosing a \$300 check for both corporations annual fees, along with both reinstatement forms, and this written request to please waive the late fees if possible.

Your consideration in this matter is greatly appreciated.

Sincerely,



PHILIP HEINER
V.P. OPERATIONS