

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000631477**

1. Corporation Name
Southern Investors Group Inc.

2. Principal Office Address 3101 SW 34th Ave #272 Suite, Apt. #, etc. OCALA FL 34474 City & State Zip Country		3. Mailing Office Address 3101 SW 34th Ave #272 Suite, Apt. #, etc. OCALA FL 34474 City & State Zip Country	
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REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 1999	5. FEI Number 59-3470914	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name Michael Morgan	500003434215-9
Street Address (P.O. Box Number is Not Acceptable) 3101 SW 34th Ave #272	-10/23/00--01001--027
Suite, Apt. #, Etc. OCALA FL 34474	****908.75 ****908.75
City	State FL Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Date **30 Sept 00**
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Officesec.	Michael Morgan	3101 SW 34th Ave #272 <i>OCALA FL 34474</i>	OCALA FL 34474

10. 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: Date **30 Sept 00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #