

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106482

1. Corporation Name

SOTAV, INC.

Principal Place of Business

9720 DEER LAKE ST
JACKSONVILLE FL 32216

Mailing Address

9720 DEER LAKE ST
JACKSONVILLE FL 32216
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Date Incorporated or Qualified
To Do Business in Florida

12/16/1997

5. FEI Number

59-3483566

Applied For

Not Applicable

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
Sec/Treco.	BLACK, RENAE D	1552 PEACHTREE CIRCLE SOUTH	JACKSONVILLE FL 32207
VP	GEORGE, MARY	10150 BELLE PARKWAY 1409 9720 Deer LAKE CT	JACKSONVILLE FL 32256 32216
P	George, Richard D Jr	9720 Deer LAKE CT	JACKSONVILLE, FL 32216

000038077810
08/03/04--01023--004 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE, RICHARD D JR

~~10150 BELLE RIVE #1409~~ 9720 Deer LAKE CT
JACKSONVILLE FL ~~32256~~ 32216

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. or 617.0505, F.S.

Signature of
Registered Agent

RS George Jr
REGISTERED AGENT MUST SIGN

Date 6-15-04

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:

RS George Jr Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-04 904-838-9692

Daytime Phone #

CR2E040 (7/03)