

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # P97000106482

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1. Corporation Name

SOTAV, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 000038077810  
 06/18/04--01007--021 \*\*750.00



Principal Place of Business

Mailing Address

9720 DEER LAKE ST  
 JACKSONVILLE FL 32216

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

REINSTATEMENT

03-04

JH

Date Incorporated or Qualified To Do Business in Florida

12/16/1997

5. FEI Number

59-3483566

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec/Treas	BLACK, RENAE D	1552 PEACHTREE CIRCLE SOUTH	JACKSONVILLE FL 32207
VP	GEORGE, MARY	<del>10150 BELLE PARKWAY 1409</del> 9720 Deer LAKE CT	JACKSONVILLE FL <del>32256</del> - 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 PINE #1409~~ 9720 Deer LAKE CT  
 JACKSONVILLE FL ~~32256~~ - 32216

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

Date 6-15-04 904-838-9692  
 Daytime Phone #

CR2E040 (7/03)