

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PA1000108435

1. Corporation Name

SOS Associates, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3802 W. Bay To Bay Blvd.

Suite, Apt. #, etc.

11

City & State

Tampa, FL

Zip

33629

Country

USA

3. New Mailing Office Address, If Applicable

620 Columbia Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

Dec. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Martin Bezdek	620 Columbia Dr.	Tampa, FL 33606
T	Stephanie Sims	3719 San Juan St.	Tampa, FL 33629
VP	William Sims	3719 San Juan St.	Tampa, FL 33629

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Bricktemyer, Keith % Doug Roland
Street Address (P.O. Box Number is Not Acceptable): 500 E. Kennedy Blvd. # 200
Suite, Apt. #, Etc.: # 200
City: Tampa
State: FL Zip Code: 33602

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

Martin Bezdek Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

(813)254-9300

Daytime Phone #

CRPE001 (12/98)



BEZDEK APPRAISALS

Martin Bezdek, SRA

State Certified Residential
Appraiser, # 0000218

20F2



P.O. Box 320333
Tampa, FL 33679

February 11, 1999

(813) 254-9300
Fax (813) 251-6678

Florida Dept. of State.

Re: Reinstatement of SOS Associates, Inc.

Dear Dept. of State,

Enclosed is an application for reinstatement for the
SOS Associates, Inc. The corporation was administratively
closed by the state in October 1998.

I am asking that the \$600 reinstatement fee be waived since
the corporation's address was incorrect and we never
received the annual report.

I have corrected the corporation's mailing address on the
reinstatement application.

Thank you for your help in this matter,


Martin Bezdek