

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000009431

1. Corporation Name

SOUTHERN CORP, INC.

00 OCT 23 PM 5:15

Principal Place of Business

Mailing Address

1800 S.W. 27TH AVENUE
SUITE 600
MIAMI FL 33145
US

1800 S.W. 27TH AVENUE
SUITE 600
MIAMI FL 33145
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

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0810064

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	MENDEZ, ALINA	3623 SW 5TH TERRACE	MIAMI FL 33135
VB	AVILA FIGUEROA, DARIO ISAAC	3623 SW 5TH TERRACE	MIAMI FL 33135
T	MENDEZ, FRANCISCO	3623 SW 5TH TERRACE	MIAMI FL 33135
T	GARRAGGO, ALBERTO L	8821 SW 5 TERRACE	MIAMI FL 33135
S	IGLESIAS, MANUEL E	12300 OLD CUTLER ROAD	MIAMI FL 33156
PDS	Mendez, Alina	3623 Sw 5th Terrace	Miami, Fl. 33135

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

800003455088-1

11/07/00-01062-017

****750.00 ****750.00

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

305-774-4644
Daytime Phone #

CR2E040 (8/00)