

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 13 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PR800001057210

1. Corporation Name

Southern Resource Services, 02 Inc.

2. Principal Office Address

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite 202

City & State

Font Myers, FL

Zip

33908

Country

Lee

3. Mailing Office Address

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite 202

City & State

Font Myers, FL

Zip

33908

Country

Lee

REINSTATEMENT 091-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3538157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rebecca SARVER

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

9233 Pineapple Rd.

Suite, Apt. #, Etc.

City

Font Myers

State

FL

Zip Code

33912

100003182601-8
-03/24/00--01041--002
****750.00 ****750.00

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

Rebecca Sarver

REGISTERED AGENT MUST SIGN

Date 2-21-00

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
P-D	James E. FACKETT	2052 Crestview Way	Naples, FL 34113
VP-D	Robert L. SARVER, II	9233 Pineapple Rd.	Font Myers, FL 33912
S/D	REBECCA SARVER	9233 Pineapple Rd.	Font Myers, FL 33912

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****150.00 ****150.00

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:

Rebecca Sarver - REBECCA SARVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-00

Daytime Phone #

941-415-1110

CR2E081 (9/99)