

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077230

1. Corporation Name

SOUTHERN SUPPLIES & SERVICES, INC.

Principal Place of Business

Mailing Address

2111 RODMAN ST.
HOLLYWOOD FL 33020

2111 RODMAN ST.
HOLLYWOOD FL 33020

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

65-0864238

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 3	City / State / Zip 4
D	JAMES, KEVIN J	2111 RODMAN ST.	HOLLYWOOD FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES, KEVIN J
2111 RODMAN ST.
HOLLYWOOD FL 33020

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.

Signature of
Registered Agent

Kevin James
REGISTERED AGENT MUST SIGN

Date 12/2/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin James
KEVIN A. JAMES 12/2/99 (254) 455-1677
Daytime Phone #

2
FEI-65-086423

Southern Supplies & Services

2111 Radman ST

Holly Wood FL 33020

12/2/99

Florida Dept. of State

Division of Corporations,

Sir/Madam

This letter is in reference to
Document # P98000077230; upon
meeting of second notice to
your department no correspondence
from you was received and
Check # 1005 was cashed (\$550.00)

I hereby request reinstatement
and a waiver to any additional
fees.

Thanks in advance
respectfully,

Kevin James

Kevin A. James.