

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DOCUMENT # P98000099265

1. Corporation Name

Southern Pride Classics, Inc.

2. Principal Office Address

130 NW Crown Point Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

130 NW Crown Point Rd.

Suite, Apt. #, etc.

City & State

Winter Garden, Fl.

Zip

34787

Country

Orange

City & State

Winter Garden, Fl.

Zip

34787

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/98

5. FEI Number

59-3547903

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

William N. Asma, P.A.

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

886 S. Dillard Street

Suite, Apt. #, Etc.

City

Winter Garden

State
FL

Zip Code

34787

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

REGISTERED AGENT MUST SIGN

Date 3/28/02

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	Gaye Gonzalez	117 Olympus Drive	Ocoee, Fl. 34761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 407-684-0344
Date Daytime Phone #

CR2E081 (9/01)