

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 20 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001683

1. Corporation Name

Southern hawns Incorporated

2. Principal Office Address

1099 Fishermans Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 926

Suite, Apt. #, etc.

City & State

Osteen, FL

Zip

32764

Country

Volusia, USA

City & State

Osteen, FL

Zip

32764

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/199

5. FEI Number

593549954

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

Frank P. Nisi JR.

700055721547

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

2003 Lake Howell Lane

Suite, Apt. #, Etc.

Suite 101

City

Maitland

State

FL

Zip Code

32751

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

Frank P. Nisi Jr.

REGISTERED AGENT MUST SIGN

Date 5/17/05

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
D	Glenn Willis	1099 Fishermans Dr. PO Box 926	Osteen, FL 32764

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:

Glenn Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-687-6655

Daytime Phone #

CR2E081 (01/05)