


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
08 AUG 12 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057381

1. Corporation Name

Southern Research & Consulting Services, Inc.

300134334889

08/11/08--01057--016 \*\*1350.00

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #

517 West Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 121104

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34712

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-23-1999

5. FEI Number

593591510

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

Hope Lamb

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

517 West Ave

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

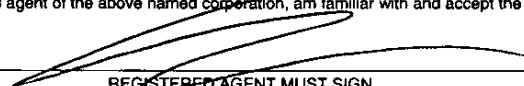
34711

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 2/6/08

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	Hope Lamb	P.O. Box 121104	Clermont, FL 34712

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 contained in Chapter 119, 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

Date

8/6/08 323-6782  
352-3948214

Daytime Phone #