

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 AM 8:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100093247311
03/16/07--01009--010 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # P99000060734

1. Corporation Name

The Somers Group, Inc.

2. Principal Office Address - No P.O. Box #
2131 Siesta Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

Zip
34239

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **07-07-99**

5. FEL Number
65-0932272

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
Pamela McCann

Street Address (P.O. Box Number is Not Acceptable)
2131 Siesta Drive

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34239

☒ 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

Pamela McCann

Date **3/13/07**

REGISTERED AGENT MUST SIGN

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
Pres	Pamela D. McCann	2131 Siesta Dr	Sarasota, FL 34231

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:

Pamela D. McCann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/07

Date

941-915-2598

Daytime Phone #