

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088732

1. Corporation Name

SOIUTHERN DEVELOPMENT GROUP, INC.

2. Principal Office Address

13157 Spring Hill Drive,

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

US

3. Mailing Office Address

13157 Spring Hill Drive,

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida October 7, 1999

5. FEI Number

59-3611319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200032493702
04/12/04--01108--005 **750.00

7. Name and Address of Current Registered Agent

Name

ANDRE R. PERRON, OZARK, NELSON, & PERRON, P.A.

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

2808 Manatee Avenue West,

Suite, Apt. #, Etc.

City

Bradenton,

State

FL

Zip Code

34205

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 3/26/04

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, VP	Anthony Jacobs	1294 Altoona Avenue	Spring Hill, FL 34609
S, T	Anthony Jacobs	1294 Altoona Avenue	Spring Hill, FL 34609

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

3/26/04

Date

(352) 650-1321

Daytime Phone #

CR2001 (01/04)