

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 192

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 FEB 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110969

1. Corporation Name

SOUTHERN DEVELOPERS INC

Principal Place of Business

7901 BAYMEADOWS WAY, SUITE 9
JACKSONVILLE FL 32256

Mailing Address

7901 BAYMEADOWS WAY, SUITE 9
JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5043 Phillips Highway
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

3. New Mailing Office Address, If Applicable

5043 Phillips Highway
Suite, Apt. #, etc.
Jacksonville, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1999

SP

5. FEI Number

59-3612784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
WES D	CURT GEISLER	12907 DEERLASSON PLACE EAST	Jacksonville, FL 32246
S D	John O'Connor	1550 BUSINESS CENTER DRIVE	ORANGE PARK, FL 32073
V D	GEORGE ERICKSON	2743 SOUTH PONTE VEDRA BLVD	Ponte Vedra Beach FL 32082

8. Name and Address of Current Registered Agent

GEISLER, CURT
7901 BAYMEADOWS WAY, SUITE 9
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name CURT GEISLER
Street Address (P.O. Box Number is Not Acceptable)
5043 Phillips Highway
Suite, Apt. #, Etc.
City Jacksonville
State FL Zip Code 32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-22-01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/01 904-739-9800

Daytime Phone #

CR2040 (8/00)



2cf2

ACCOUNT NO. : 072100000032

REFERENCE : 044789 7256029

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 900.00

ORDER DATE : February 23, 2001

ORDER TIME : 11:11 AM

ORDER NO. : 044789-005

CUSTOMER NO: 7256029

CUSTOMER: Mr. Curt Geisler
Southcom Group, Inc.
7901 Baymeadows Way
Suite 9
Jacksonville, FL 32256

DOMESTIC FILINGS

NAME: SOUTHERN DEVELOPERS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____