

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **560262**

1. Corporation Name
SOS ENTERPRISES OF MARION COUNTY, INC.

2. Principal Office Address
808 SE 36th LANE

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34471 USA

3. Mailing Office Address
P.O. Box 3213

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34478 USA

REINSTATEMENT 09-01

4. Date Incorporated or Qualified
To Do Business in Florida **06/17/1991** **SP**

5. FEI Number
59-3078196

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
PATRICK SANTE

Street Address (P.O. Box Number is Not Acceptable)
808 SE 36th LANE

Suite, Apt. #, Etc.

City
OCALA

State Zip Code
FL 34471

000003677170-7
-02/13/01--01085--002
***1050.00 ***1050.00

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

Date **2/05/01**

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
PO	SALLY J. SANTE	808 SE 36th LANE	OCALA, FL 34471
VD	PATRICK D. SANTE	808 SE 36th LANE	OCALA, FL. 34471

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

PATRICK D SANTE

Date

2/05/01 352-622-7111

Daytime Phone #

CR2E081 (9/00)