PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01049--004 **308.75

DOCUMENT # S80919

1. Corporation Name: Sohacki Industries Inc.

2. Principal Office Address	3. Mailing Office Address
185 Cumberland Pt Dr	185 Cumberland Pt Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: St. Augustine FL
Zip: 32095 Country: USA	Zip: 32095 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 1991

5. FEI Number: 593090535 ☐ 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: David A. King Attorney at Law

Street Address (P.O. Box Number is Not Acceptable): 1416 Kingsley Avenue

Suite, Apt. #, Etc.:

City: Orange Park State: FL Zip Code: 32073

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: David King Date:
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
PD	Thomas J. Sohacki	460 St. Johns Golf Dr	St. Augustine FL 32095
DT	Kenneth A. Sohacki	4356 Morning Dove Dr	Jacksonville FL 32258
DVP	Joseph J. D'Elia	14389 Falan Court	Jacksonville FL 32223

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: Thomas J. Sohacki 2/20/03 904-826-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

jp 3/3

SOHACKI INDUSTRIES, INC.
185 Cumberland Park Drive
St. Augustine, Florida 32095
904-826-0130
Fax: 826-0190

February 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Sohacki Industries Incorporated did not receive prior years/current years paperwork due to the State of Florida having the incorrect mailing address. This address was obsolete as of 03/99.

Please wave reinstate fees and correct our mailing address to the above address.

Sincerely,

Thomas J. Sohacki

enclosures: check, reinstatement form