

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 30 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V16767

1. Corporation Name

Great Southern Enterprises Inc.

Principal Place of Business

Mailing Address

2171 HOFFMAN ST.  
JACKSONVILLE, Florida 32211

REINSTATEMENT 95-97

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

2/25/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3108346

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Judy D. Smith	2171 HOFFMAN ST.	JACKSONVILLE, FL. 32211
V. Pres	Andy J. Smith	2171 HOFFMAN ST.	JACKSONVILLE, FL. 32211
Sec.	MARC A. Smith	2171 HOFFMAN ST.	JACKSONVILLE, FL. 32211

200002170242-6  
-05/07/97-0112-017  
\*\*\*1088.75 \*\*\*1088.75

8. Name and Address of Current Registered Agent

Andy J. Smith  
2171 HOFFMAN ST.  
JACKSONVILLE, FL. 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Andy J. Smith

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Andy J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1st 1997

Date

Daytime Phone #

904-743-1229

CR2E040 (12/96)