

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -2 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40949

1. Corporation Name

Soverel Management, Inc.

2. Principal Office Address

3315 Perimeter Road

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

US

3. Mailing Office Address

3315 Perimeter Road

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/03/1992

5. FEI Number

650354810

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

Steven Perry L., ESQ

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

2400 SE Federal Highway

Suite, Apt. #, Etc.

4th Floor

City

Stuart

State
FL

Zip Code

34994

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

SW

REGISTERED AGENT MUST SIGN

Date 2/26/01

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
PDST	Mark Soverel	3315 Perimeter Road	Palm City, FL 34990
V	Bret Soverel	3315 Perimeter Road	Palm City, FL 34990
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			LS

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

Date

Daytime Phone #

208



ACCOUNT NO. : 072100000032

REFERENCE : 063929 87623A

AUTHORIZATION : Patricia Pizzuti

COST LIMIT : \$ 900.00

ORDER DATE : March 2, 2001

ORDER TIME : 11:48 AM

ORDER NO. : 063929-005

CUSTOMER NO: 87623A

CUSTOMER: Ms. Ruby Barnett
Mccarthy Summers Bobko Mckey
2400 S.e. Federal Highway
4th Floor
Stuart, FL 34994

DOMESTIC FILINGS

NAME: SOVEREL MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR -2 PM 12:59

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS