

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 JAN -11 PM 2:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P40470**

1. Corporation Name

SOUTHERN INDUSTRIES OF CLOVER LIMITED, INC.

Principal Place of Business

Mailing Address

401 S. MAIN ST.
 CLOVER SC 29710
 US

1745 WILLIAMSBRIDGE RD.
 BRONX NY 10461-6203



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-0816682

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
CDP	KRYGER, LAWRENCE	1745 WILLIAMSBRIDGE RD.	BRONX NY 10461
VCD	TRACHTENBERG, BERNIE	1745 WILLIAMSBRIDGE RD.	BRONX NY 10461
VP	TRACHTENBERG, BERNIE	1745 WILLIAMSBRIDGE RD.	BRONX NY 10461
SDT	NOVICK, DAVID	1745 WILLIAMSBRIDGE RD.	BRONX NY 10461
			700002737417--5 -01/12/99--01005--021 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIL, MURRAY B., JR.
 1666 79TH STREET CAUSEWAY
 STE. 608
 MIAMI BCH. FL 33141

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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

Lawrence Krille
 Lawrence KRILLE

Date

11-30-98 (718) 863 9100

Daytime Phone #

CR2E040 (9/98)