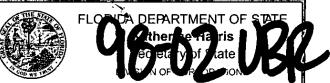
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1	OCUMENT # L 69209 Corporation Name				SEERLY AIRC OF STATE TALLAHASSEE FEORIDA		
Sc	DLUTH FLORID	A SURF, I	~Q.	٠.			
2. Principal Office	e Address	3. Mailing Office Addr	ess				
16231	Bis anyre Blv.	1 16231 B	isopyne Blud				
Suite, Apt. #, etc.	July Colle	Suite, Apt. #, etc.	is just of the			e eran tik i eran eran i	
		·		• 4. Date Incorpora To Do Busines			
City & State		City & State		5. FEI Number		990	
YORTH MI	AMI BEACH, FL	MeruMian	Beach, FL		- 00 - n H	Applied For Not Applicable	
Z ip	Country	Zip	Country	6.		nal Fee required	
33160	D426	33160		CERTIFICATE OF		cate of Status	
		7. Name and	Address of Current Registe	red Agent			
Nar	Name So Po 400				700004961747-8		
Stre	Street Address (P.O. Box Number is/Not Acceptable)				-02/20/0201064		
	20145 NE 320 Cover				****758.75 ****7	75) 75) S	
Suit	te, Apt. #, Etc.						
City					State Zip Code		
	Miami				FL 33179		
3. I, being appoir	nted the registered agent of the a	bove named corporation, an	n familiar with and accept the	obligations of section	607.0505 or 617.0503, F.S.		
Signature of Registered Agent)	·	REGISTERED AGENT MUS	T SIGN		Date 2/1/2002		
9. Names and S	treet Addresses of Each Officer	and/or Director (Florida nonp	rofit corporations must list at I	least 3 directors)	The second of th		
Titles	Name of Officers and/or Directo	ors	Street Address of Eac Officer and/or Directo		City / State / Zip		
Res D	Scorr Payo	10 201	45 NE3PAC	T: Apt 7	Miami, PL 3	13179	
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						1	
O. I certify that I	am an officer or director or the re	eceiver or trustee empowered	I to execute this application as	provided for in chapte	er 607 or 617, F.S. I further certify tha	at when filing	
						Nac - 11 da	

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 2002

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· - Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

> Re: South Florida Surf, Inc. Fed. I.D. # 65-0189070 Corporation Reinstatement Application

Gentlemen,

On January 28, 2002, my accountant contacted your department regarding our Uniform Business Report and was advised that my corporation was dissolved on October 16, 1998.

I did not receive the annual reports or any notices indicating that my corporation would be dissolved. Your records indicate that you were unable to deliver the reports and even though, I understand that filing the annual reports is my responsibility, I am respectfully requesting that you abate the Reinstatement Fee.

Enclosed is my check in the amount of \$758.75 to cover the annual fees and a certificate of status.

Thank you for your consideration and prompt attention to this matter.

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Very truly yours,

Scott Payne, President

Enclosures