PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

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

98-02 VBR

FILED
02 FEB 11 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 69209

1. Corporation Name

SOUTH FLORIDA SURF, INC.

2. Principal Office Address	**3.** Mailing Office Address
16231 Biscayne Blvd	16231 Biscayne Blvd
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33160 Country: DADE	Zip: 33160 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/1990

5. FEI Number: 65-0189070 ☐ 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: Scott Payne

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-02/20/02--01064--020
****758.75 ****758.75 LS

Street Address (P.O. Box Number is Not Acceptable): 20145 NE 3rd Court

Suite, Apt. #, Etc.: Apt #7

City: Miami | State: FL | Zip Code: 33179

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 X _____ Date 2/7/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres/D	Scott Payne	20145 NE 3rd Ct. Apt 7	Miami, FL 33179

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: X _____ Scott Payne X 2/7/2002 (305) 944-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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February 7, 2002

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.

Very truly yours,

Scott Payne, President
Enclosures