

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 10:59

DOCUMENT # P00000011926

1. Corporation Name

AKAM SOUTH, INC.

Principal Place of Business

Mailing Address

~~0001 VIA VENETIA NORTH
DELRAY BEACH FL 33484~~

~~6001 VIA VENETIA NORTH
DELRAY BEACH FL 33484~~



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

551 NW 77th St

551 NW 77th St

City & State

City & State

Boca Raton, Fla.

Boca Raton, Fla.

Zip

Country

Zip

Country

33487

US

33487

US

5. FEI Number

65-1014511

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	Leslie Kaminoff	6001 Via Venetia No	Delray Beach, Fla 33484
			500004658175--2
			-10/29/01--01106--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROSE, JONATHAN
C/O MILLENIUM
800 20TH PLACE #1
VERO BEACH FL 32960~~

Name

Ellen Lohr

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

C/O AKAM South Inc

Suite, Apt. #, Etc.

551 NW 77th St. Ste. 212

City

BOCA RATON

State

FL

Zip Code

33487

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

Ellen Lohr

Date 10/15/01

REGISTERED AGENT MUST SIGN

11. 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

LESLIE Kaminoff

10/15/01 581

Date

Daytime Phone #

CR2E040 (8/01)