

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR 16 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000090780

1. Corporation Name

SURF HAWK, INC.

REINSTATEMENT 03-01

000030575280  
03/16/04--01097--001 \*\*906.75

2. Principal Office Address

12310 MANATEE AVE W

Suite, Apt. #, etc.

3. Mailing Office Address

2908 AVE C

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

HOLMES BEACH, FL

Zip

34209

Country

USA

Zip

34217

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/23/98

5. FEI Number

65-0877835

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

MARC H FELDMAN

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

3908 26TH ST W

Suite, Apt. #, Etc.

City

BRADENTON

State  
FL

Zip Code

34205

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

*[Handwritten Signature]*

Date

3/15/04

REGISTERED AGENT MUST SIGN

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
P/ST/D	RUDOLF KRATZ	2908 AVE C	HOLMES BEACH FL 34217

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)(l), 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

3/15/04 941 795-3014  
Date Daytime Phone #

CR2E081 (07/04)