

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 687524

1. Corporation Name

Southernmost Associates, Inc.

2. Principal Office Address

828 White Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

3. Mailing Office Address

14 Cypress Terrace

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/12/1980

5. FEI Number

59-2037048

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

James R. Dean

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

14 Cypress Terrace

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

James R. Dean

REGISTERED AGENT MUST SIGN

Date

4-26-04

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
PD	James R. Dean	14 Cypress Terrace	Key West, FL 33040
ST	Donna S. Dean	14 Cypress Terrace	Key West, FL 33040

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:

James R. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-04

Daytime Phone #

CR2E081 (01/04)

POWER OF ATTORNEY and Declaration of Representative

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
Southernmost Associates, Inc. 14 Cypress Terrace Key West, Fl 33040	59-2037048	
		DAYTIME TELEPHONE NUMBER
		305-294-6606

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
Jack D. Niles, Jr., CPA 2432 Flagler Ave. Key West, Fl 33040	305-294-6606
	FAX NUMBER
	305-294-0328
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
UBR	Corporate Reinstatement	2002, 2003, 2004

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

- ## 6. NOTICES AND COMMUNICATIONS

- a. If you want any notices and communications sent to both you and your representative, check this box ☒
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box . . . ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

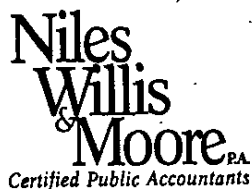
8. SIGNATURE OF TAXPAYER(S)

If this Power of Attorney is not signed and dated, it will be returned.

Pres. _____
TITLE (If Applicable)

PRINT NAME _____

If this Declaration of Representative is not signed and dated, it will be returned.



VIA FEDERAL EXPRESS

April 26, 2004

Jack D. Niles, Jr., C.P.A.
Guy A. Willis, C.P.A.
Sharon A. Moore, C.P.A.

Secretary of State
Att'n: Reinstatement Section
Division of Corporations
409 East Gaines
Tallahassee, FL 32399

RE: Southernmost Associates, Inc.
Uniform Business Report for 2003 and 2004
Reinstatement and Abatement of Late Fees

2432 Flagler Avenue
Key West, FL 33040
305 • 294 • 6606
Fax 305 • 294 • 0328

Dear Sirs:

Enclosed is the above referenced client's Corporation Reinstatement form, including a check in the amount of \$300 representing 2003 and 2004 filing fees. Our client did not receive the 2003 UBR form for its annual filing with your office. It has come to our attention that the client's corporation has been administratively dissolved for failure to file the UBR form.

The client's mailing address was changed during 2002 and as a result the UBR was not forwarded to the current address.

I hereby request that your office abate the late filing fees due to these circumstances. **Enclosed is a Power of Attorney and Declaration of Representative for your records executed by an officer of the corporation.**

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.



Jack D. Niles, Jr., CPA

JDNjr/cm
Enclosures

Cc: James R. Dean, President

Members:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants