

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F98000007067

SOUTHWIND SALES & MARKETING, INC.

Mailing Address

~~101 POPE AVENUE~~
~~HILTON HEAD SC 29938~~



REINSTATEMENT 99

12/29/1998

57-0991246

Not Applicable

ORLA

Country

US

\$8.75 Additional fee required for a Certificate of Status

City / State / Zip

HILTON HEAD SC 28938

HILTON HEAD SC 29938

ORLANDO, FL 32819

800003026908--0

~~1072799-01032-005~~

***758.75 ***758.75

9. Name and Address of New Registered Agent

Name _____

William C. Edmunds

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

5401 KIRKMAN ROAD

Suite, Apt. #, Etc.

SUITE 740

City

ORLANDO

State

Zip Code

PL

32819

Signature of
Registered Agent

Date 10/15/99

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 807 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 807.0401 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 included 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

Date _____

Daytime Phone #