


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G03657		
1. Entity Name SURF INDUSTRIES, INC.		

Principal Place of Business 950 SAN CARLOS DR. FORT MYERS BCH, FL 33931	Mailing Address 950 SAN CARLOS DR. FORT MYERS BCH, FL 33931
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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6. Name and Address of Current Registered Agent  PRIMEAU, NORM 1035 ESTERO BLVD FT. MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 950 SAN CARLOS DR.  City Fort Myers Beach FL Zip Code 33931	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norman J. Primeau* DATE *12/2/08*

Signature, typed or printed name of registered agent, and title, applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2009, Fee will be \$900.00</b>		
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMEAU, BEVERLY ANN 950 SAN CARLOS CT. FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIMEAU, NORMAN 950 SAN CARLOS CT FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$12/5</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman J. Primeau* DATE: *12-02-08* DAYTIME PHONE: *239 463 1088*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
08 DEC -5 PM 2: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-23-08 90010 001 \$150.00  


10312008 REINSTATEMENT (1/07) 08

4. FEI Number 59-2223110	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

December 3, 2008

Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Re: Surf Industries, Inc.  
#G03657  
59-2223110

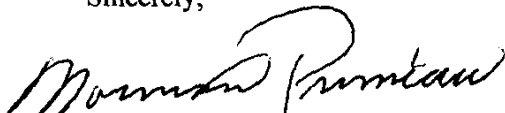
Dear Service Representative:

This letter is in response to reinstatement document received for 2008. Upon instruction from phone call made to your department yesterday, I have enclosed the "2008 For Profit Corporation Reinstatement".

They advised us to send document #G03657 and inform your department that the annual fees have been paid and are current however, this document was also required.

Please call if you have any questions (239) 463-1088 or cell (239) 470-4118. Thank you for your assistance in this matter.

Sincerely,

  
Norman Primeau