


2006 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # G30561 | |  |
| 1. Entity Name SOUTH SHORE ENTERPRISES, INC. | | |

FILED
06 OCT -2 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 3370 SW 15TH ST DEERFIELD BEACH, FL 33442 US | Mailing Address 3370 SW 15TH ST DEERFIELD BEACH, FL 33442 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



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|---|--------|--|----|
| 09282006 | REIN-P | CR2E098 (11/05) | 06 |
| 4. FEI Number 59-2274888 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent | |
| SHORE, TERRY 3370 SW 15TH STREET DEERFIELD BEACH, FL 33442 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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: <u>Terry X Shore</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE: <u>9/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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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 SHORE, TERRY 3370 SW 15TH STREET DEERFIELD BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200080960532 10/02/06--01042--001 **150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST SHORE, VICKI 3370 SW 15TH ST DEERFIELD BEACH, 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Terry X Shore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE: <u>9/28/06</u> DAYTIME PHONE #: <u>954-421-1373</u> |