

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -6 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99082

1. Corporation Name

SOUTHERLY SALES & MARKETING, INC.

Principal Place of Business
8748 PIONEER RD.
WEST PALM BEACH FL 33411

Mailing Address
8748 PIONEER RD.
WEST PALM BEACH FL 33411



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/19/1988	
City & State		City & State		5. FEI Number 59-2914354	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TRIPP, BRUCE G.	8748 PIONEER RD.	WEST PALM BEACH FL 33411

800002371308--6
-12/12/97--01117--005
****165.00 ****165.00

Handwritten signature and date 12/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRIPP, BRUCE G.
8748 PIONEER RD.
WEST PALM BEACH FL 33411

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for Information on Intangible tax.)

12. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRS040 (9/97)

2

Southerly Sales & Marketing, Inc.

8748 Pioneer Road, West Palm Beach, Florida 33411 • (561) 791-0153 • Fax (561) 791-0154

December 1, 1997

Florida Department of State
Division of Corporations

Dear Sir,

In July I received a second notice that my corporation was going to be dissolved due to lack of payment. I had gone through this before and had to pay very large fees to keep in business which was difficult to do so I was naturally concerned. I was also concerned because I did not receive an initial letter to continue my corporation. I called your office and was told not to worry since I had just reinstated in January the reinstatement was for last year and the current year and that was why I didn't receive the first notice. He then looked up my file and said not to worry that I was current and should ignore that notice. I had him fax a copy to me but of course I didn't understand it but I took him at his word.

I then received a notice of dissolutionment. I called again and was told that my account was delinquent but I should send in a check for \$165 with this letter and it would be taken care of. I am not sure that I actually owe this money but I have enclosed a check because I cannot afford to go through reinstatement again.

Please let me know where we stand. My phone number and FAX number are on this letterhead.

Thank you.

Bruce Tripp
President