

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 12 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42043

1. Corporation Name

THE SOUTHSIDE VILLAGE  
MERCHANTS' ASSOCIATION, INC.

**REINSTATEMENT** 02-03

500023020295  
09/12/03--01022--009 \*\*61.25

2. Principal Office Address 1757 HYDE PARK ST. Suite, Apt. #, etc.		3. Mailing Office Address 1757 HYDE PARK ST. Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34239	Country USA	Zip 34239	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/11/1991	
5. FEI Number 593050780	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name EFTON JILES	
Street Address (P.O. Box Number is Not Acceptable) 1830 SOUTH OSPREY AVENUE	
Suite, Apt. #, Etc. SUITE 101	
City SARASOTA,	State FL
Zip Code 34239	

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 Efton J. Jiles Date 08/28/2003  
REGISTERED AGENT MUST SIGN

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
P/D	EFTON JILES	1830 S. OSPREY AVE, STE 101	SARASOTA, FL 34239
V/D	EILEEN HAYS WALLACE	1924 S. OSPREY AVE, STE 104	SARASOTA, FL 34239
S/D	KNICKOLE BARGER	1757 HYDE PARK ST.	SARASOTA, FL 34239
T/D	NICHOLAS DRIZOS	1830 S. OSPREY AVE, STE 102	SARASOTA, FL 34239
D	JAY RILEY	1924 S. OSPREY AVE, STE 201	SARASOTA, FL 34239
D	MILES MILWEE	1920 HILLVIEW ST.	SARASOTA, FL 34239

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: Efton J. Jiles EFTON T. JILES Date 08/28/2003 941 951-2377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

SP