

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

\$6.75 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*

REGISTERED AGENT MUST SIGN

Date 08/28/2003

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 T. Jiles* EFTON T. JILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/2003

Date

941951-2377

Daytime Phone #

CR2E081 (10/02)

SP