

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

*0202  
15R*

**FILED**  
02 FEB -6 AM 11:30

DOCUMENT # P00060008528

1. Corporation Name **SOUTHERNMOST BEACH BUGGIES INC.**

2. Principal Office Address  
**22 GOLF CLUB DR KEY WEST FL**

3. Mailing Office Address  
**1107 KEY PLAZA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**447**

City & State  
**Key West FL**

City & State  
**Key West FL**

Zip Country  
**33040 Monroe**

Zip Country  
**33040 Monroe**

4. Date Incorporated or Qualified To Do Business in Florida **JAN 2000**

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Lowell L. Heinke**

Street Address (P.O. Box Number is Not Acceptable)

**15 Aster Terrace**

Suite, Apt. #, Etc.

200004917012-7

-02/13/02--01099--001

\*\*\*\*300.00 \*\*\*\*300.00

City  
**Key West**

State Zip Code  
**FL 33040**

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 *Lowell L. Heinke*  
REGISTERED AGENT MUST SIGN

Date **2/2/02**

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
CEO	F. ALAN SCHUCK III	1107 KEY PLAZA #447	Key West FL, 33040

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: *F. Alan Schuck III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-2-02** Daytime Phone # **305 766 4132**

CR2E081 (9/01)

2012

2-2-02

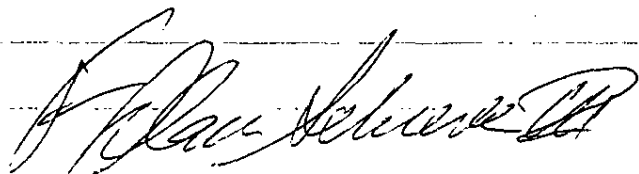
CORPORATION HAS  
NOT YET OPENED, FOR  
BUSINESS. I NEVER  
RECEIVED ANY REPORT  
TO BE FILED. MY  
FORMER AGENT HAS  
BEEN FIRED + CHANGED  
DUE TO NEGLECT.

F. ALAN SUTKIC III

CEO

SOUTHERNMOST BEACH

BUGGIES, INC.



305 766-4132