

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 18 AM 10:59

DOCUMENT # P00000011926

1. Corporation Name

AKAM SOUTH, INC.

Principal Place of Business

Mailing Address

0001 VIA VENETIA NORTH
 DELRAY BEACH FL 33484

6001 VIA VENETIA NORTH
 DELRAY BEACH FL 33484



REINSTATEMENT 07

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

02/02/2000

Suite, Apt. #, etc.

551 NW 77th St

Suite, Apt. #, etc.

551 NW 77th St

City & State

Boca Raton Fla.

City & State

Boca Raton Fla

Zip

Country

33487 US

Zip

Country

33487 US

5. FEI Number

65-1014511

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
CEO	Leslie Kaminoff	6001 Via Venetia No	DeLray Beach, Fla 33484
			500004658175--2 -10/29/01--01106--001 ****750.00 ****750.00
			JH/10/20

8. Name and Address of Current Registered Agent

~~ROSE, JONATHAN~~
~~C/O MILLENIUM~~
~~800 20TH PLACE #1~~
~~VERO BEACH FL 32960~~

9. Name and Address of New Registered Agent

Name
 Ellen Lohr
 Street Address (P.O. Box Number is Not Acceptable)
 C/O AKAM South Inc
 Suite, Apt. #, Etc.
 551 NW 77th St. Ste. 212
 City
 BOCA RATON
 State
 FL
 Zip Code
 33487

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

Ellen Lohr REGISTERED AGENT MUST SIGN

Date 10/15/01

11. 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:

Leslie Kaminoff LESLIE Kaminoff 10/15/01 581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)