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FILED
01 NOV 26 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

NINE SOUTH, INC.

2001 UBR **W**

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 03/17/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0993049	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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	4 City / State / Zip
D	SHERMAN, MARK	133A EAST PALMETTO PARK ROAD	BOCA RATON FL 33432
			<div>800004733268--1</div> <div>-12/19/01--01065--016</div> <div>***\$150.00 ***\$150.00</div>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHERMAN, MARK 133A EAST PALMETTO PARK ROAD BOCA RATON FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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

REGISTERED AGENT MUST SIGN

Date _____

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(10/8/9/04)

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July 31, 2001

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32303-1500

Re:Nine South, Inc.
Document # P00000027739

Attached is the 2001 Uniform Business Report for the above corporation, along with a check in the amount of \$150.00. Please excuse the late filing, as the officer of said corporation, being his first year in business, did not realize the importance of the timely filing. Now that he has been made aware of the consequences, he will file timely in the future.

Please forgive the penalties on someone who made an unintentional error.

Thank you for your cooperation.

Very truly yours,

Howard Ginsberg
For the Firm

3383

DIROCCO & DOMBROW, P.A.
3601 W. COMMERCIAL BLVD., SUITE #39
FT. LAUDERDALE, FL 33309
(954) 731-8181

October

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Nine South, Inc.
Document Number: P00000027739
2001 Uniform Business Report Filing

Gentlemen,

Our client has asked we write again on his behalf regarding the above-mentioned filing.

We originally sent correspondence to your office on July 30, 2001 regarding the late filing of the above (copy attached). It was assumed the report was accepted. Our client however, recently received the dissolution package. When asked for a copy of the cancelled check, the client informed us that the check written on that date still has not cleared the bank.

In lieu of the above, we ask you to once again reconsider and accept the report as being timely filed.

Thanking you in advance for your cooperation in this matter.

Sincerely,



Joyce M. Barbera
For the Firm

Enclosures