


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 JUN 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027739

1. Corporation Name

NINE SOUTH, INC.

REINSTATEMENT 02-04

200034393932

04/28/04--01026--024 **1000.00

200034393932

04/28/04--01026--023 **58.75

2. Principal Office Address

1405-93 Sunset Pkwy

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33445

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2000

5. FBI Number

65-0993049

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

Alyce Beck

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

1405-93 Sunset Pkwy Dr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date

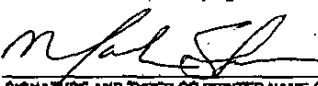
6/16/04

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
D	Mark Sherman	133A East Palmetto Park Road	Boca Raton, FL 33432
D	Alyce Beck	1405-93 Sunset Pkwy Dr	Delray Beach, FL 33445

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:



Mark Sherman/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

Daytime Phone #

CR2031 (10/02)