

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P-79348**
1. Corporation Name
C SOUTH, INC.

FILED
04 MAR 31 AM 10:49
TALLAHASSEE, FLORIDA

2. Principal Office Address
8530 Byron Ave.

3. Mailing Office Address

Suite, Apt. #, etc.
#207

Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

City & State

Zip
33141

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **8/22/00**

5. FEI Number
65-1035585

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
L. GREGORY LOOMER, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1152 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.
#201

City
PEMBROKE PINES

State Zip Code
FL 33024

REINSTATEMENT 01-04

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **3/29/04**

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	JOSE CABRERA	8530 Byron Ave	MIAMI BEACH FL 33141

900032496479
04/12/04-01115-022 **1225.00

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE CABRERA

3/29/04
Date

786-234-9490
Daytime Phone #

Charter Number Only

VALIDATION ONLY

3/30/04

Greg Lumar

Requestor's Name

1152 N. University Dr #201

Address

Pembroke, FL 33024

City

State

ZIP

Phone

(954) 433-2345

CORPORATION(S) NAME

C South Inc.

- | | | |
|---|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☒ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | ☐ After 4:30 | ☐ Mail Out |

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DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
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