

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:35

DOCUMENT # P01000000669

1. Corporation Name

TWENTY NINE SOUTH, INC.

Principal Place of Business

Mailing Address

3211 SW 43RD AVE
LAUDERDALE LAKES FL 33319

3211 SW 43RD AVE
LAUDERDALE LAKES FL 33319



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

12/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22 320 7133

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BANKS, DEBORAH	3211 SW 43RD AVE	LAUDERDALE LAKES FL 33319
DV	JEFFERSON, CW	3211 SW 43RD AVE	LAUDERDALE LAKES FL 33319
			800004657848--2 -10/29/01--01084--018 ***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BANKS, DEBORAH
3211 SW 43RD AVE
LAUDERDALE LAKES FL 33319

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Deborah Banks

Date

10-18-01

REGISTERED AGENT MUST SIGN

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:

Deborah Banks DEBORAH BANKS 10-18-01 954-484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9484

CR2E040 (8/01)

2012

TWENTY NINE SOUTH, INC.
3211 NW 43RD AVENUE
LAUDERDALE LAKES, FL 33319
954-484-9484

**DEPARTMENT OF STATE
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327**

October 18, 2001

**I AM REQUESTING THAT THE REINSTATEMENT FEE OF \$600.00 BE
WAIVED BECAUSE I DID NOT RECEIVE THE ORIGINAL STATEMENT
INFORMING ME OF WHAT THE LATE FEES WOULD BE. I HAVE
ENCLOSED MY CHECK FOR \$150.00 (ONE HUNDRED FIFTY DOLLARS).**

SINCERELY,


**DEBORAH V. BANKS
PRESIDENT**