

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR  
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023943

1. Corporation Name

DEEP SOUTH HOLDINGS INC.

Principal Place of Business

Mailing Address

~~3507 DELLWOOD BLVD.~~

~~LOXAHATCHEE FL 33470~~

~~3507 DELLWOOD BLVD.~~

~~LOXAHATCHEE FL 33470~~

SAME -



13257 82ND. LA. NORTH

400009034724  
11/15/02--01094--034 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13257 82ND LA. N

Suite, Apt. #, etc.

WDB

City & State

FIA

Zip 33412

Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2001

5. FEI Number

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
D	ALASCIA, MARIE	<del>3507 DELLWOOD BLVD.</del> 13257 82ND LA. N	<del>LOXAHATCHEE FL 33470</del> WDB, FIA 33412
D	ANDRASSI, MICHAEL	<del>3507 DELLWOOD BLVD.</del> 13257 82ND LA. N.	<del>LOXAHATCHEE FL 33470</del> WDB, 33412

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDRASSI, MICHAEL

~~3507 DELLWOOD BLVD.~~

LOXAHATCHEE FL 33470

13257 82ND LA. N.

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/8/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/02

Daytime Phone #

561-798-4717

CR2E040 (8/02)

**MICHAEL ANDRASSI FOR DEEP SOUTH HOLDINGS, INC**  
**13257 82<sup>ND</sup> LA. N.**  
**W.P.B.FLA.33412**  
**PH#561-798-4717**  
**FAX #561-798-9466**

**Date: 11/8/02**

**To: DIVISION OF CORPORATIONS**  
**P.O.BOX 6327**  
**TALL, FLA. 32314**

**PLEASE BE ADVISED THAT DEEP SOUTH HOLDINGS DID NOT RECEIVE THE ANNUAL REPORT  
IN THE FISCAL YEAR OF 2002. HOWEVER WE DID MOVE THIS YEAR, IT MAY HAVE BEEN LOST THE  
MAIL. THANKS FOR YOUR HELP.**

**SINCERELY,**  
**MICHAEL ANDRASSI V.P.**

A handwritten signature in black ink, appearing to read "Michael Andrassi", written in a cursive style.