

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:01

02 UBR

DOCUMENT # P01000083707

1. Corporation Name
Ginetta South Inc.

2. Principal Office Address
754 MARTIN AVE
Suite, Apt. #, etc.

3. Mailing Office Address
754 MARTIN AVE
Suite, Apt. #, etc.

City & State
Sebastian, FL
Zip
32958
Country
USA

City & State
Sebastian, FL
Zip
32958
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
8-23-01

5. FEI Number
 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
FRANK C. HILSON
Street Address (P.O. Box Number is Not Acceptable)
754 MARTIN AVE
Suite, Apt. #, Etc.
100000000721
11/08/02--01005--003 **150.00
City
Sebastian
State
FL
Zip Code
32958

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 11-4-02

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
Officer	FRANK C. HILSON	754 MARTIN AVE	Sebastian, FL 32958
Director			
Director			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-4-02
Daytime Phone # 1-772-581-8102


CR2E081 (9/01)

Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FI 32314

Dear Mr/Ms:

I did not receive my forms for the Annual Uniform Business Report for the Fla Dept of State Division of Corporations. I called and have now received the form which will now be for reinstatement. As the message stated, this enclosed letter should be sent with the application. Thank you for your assistance in reinstating Ginetta South Inc.

Sincerely,



Frank C. Hilson Pres
Ginetta South Inc.
754 Martin Ave.
Sebastian, FI 32958