

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

05 DEC -2 AM 10:39

DOCUMENT # P02000002478

1. Corporation Name  
NINETY FIVE SOUTH, INC.

2. Principal Office Address  
P.O. Box 6990

3. Mailing Office Address  
P.O. Box 6990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Vero Beach

City & State  
Vero Beach

Zip Country  
32961 USA

Zip Country  
32961 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/02/2002

5. FEI Number Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name  
J. Patrick Anderson

Street Address (P.O. Box Number is Not Acceptable)  
930 S. Harbor City Boulevard

Suite, Apt. #, Etc.  
Suite 505

City  
Melbourne

600061867326

12/02/05--01041--014 \*\*\*108.75

State Zip Code  
FL 32901

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 11/30/05

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	Charles Reiman	PO Box 6990; 1161 Commerce Ave	Vero Beach, FL 32961

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:

*Charles Reiman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-05

Date

772 360 6195

Daytime Phone #

CR2E081 (01/05)