

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035403

1. Corporation Name

SURF SIDE CREATIONS INC

Principal Place of Business

Mailing Address

161 TAMPA AVENUE
INDIALANTIC FL 32903

161 TAMPA AVENUE
INDIALANTIC FL 32903



REINSTATEMENT

03

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

04/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3683992

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
owner Resident	Martin L Calabrese	161 Tampa Ave Indialantic	Florida 32903
			200023853242 10/18/03--01038--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALABRESE, MARTIN
161 TAMPA AVENUE
INDIALANTIC FL 32903

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

Martin Calabrese
REGISTERED AGENT MUST SIGN

Date

10-22-03

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:

Martin Calabrese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-03

Daytime Phone #

CR2ED40 (7/03)

20/2

November 26, 2003

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

~~RE: SURF SIDE CREATIONS INC~~
~~EIN # 04-3683992~~

To Whom It May Concern:

Please be advised that we never received the application for the Annual Corporate Fee of \$150.00. If we had received the application we would have paid it on time. Our address has not changed since the beginning of our corporation.

At this time please accept the \$150.00 to reinstate the corporation.

Sincerely,

Martin Calhoun