

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000093023**

1. Corporation Name

SOUTHSIDE MANAGEMENT SERVICES, INC.

2. Principal Office Address

1718 MAIN ST.

Suite, Apt. #, etc.

300

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/27/2002

5. FEI Number

54-2070196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ROBERT W. BROWNING, JR., ESQ

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

1800 SECOND ST ONE NORTH TUTTLE AVE

Suite, Apt. #, Etc.

880

City

SARASOTA

State

FL

Zip Code

34236

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

[Signature]

Date

4/13/04

REGISTERED AGENT MUST SIGN

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
PRES.	JOHN J. GAMMARD	1627 S. LAKE SHORE DR	SARASOTA, FL 34231

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN J. GAMMARD

Date

(941) 954-5561

Daytime Phone #

CR2E081 (10/02)

2082

Southside Management Services, Inc.

1718 Main Street, Suite 300

Sarasota, Florida 34236

(941) 954-5561

April 13, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

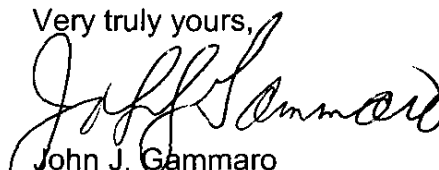
Re: Corporation Reinstatement

To Whom It May Concern:

I would like to request a waiver of the reinstatement fees since the 2003 renewal was not received. A check in the amount of \$300.00 is enclosed for the 2003 renewal and the 2004 renewal.

Your consideration in this matter is greatly appreciated. Thank you.

Very truly yours,



John J. Gammaro
President/Owner

JJG/jlp
Enclosure