

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 29 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-02000093315

1. Corporation Name

SOUTH DIXIE HALL INC.

2. Principal Office Address

2201 W. Sample Rd.

Suite, Apt. #, etc.

5A 26B

City & State

Pompano Beach, FL

Zip

33073

Country

USA

3. Mailing Office Address

2201 W. Sample Rd.

Suite, Apt. #, etc.

5A 406B

City & State

Pompano Beach FL

Zip

33073

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/02

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

BRADFORD J. BEILLY, Esq.

500038290385

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

400 SE 18th St.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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]

REGISTERED AGENT MUST SIGN

Date 6/23/04

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
P, D	DAVID FIORE	1061 THORNWOOD DR.	Pittsburgh, PA 15234
S, T	MARSHA ANN USIAK	117 FOXMEADOW DR.	WEXFORD, PA 15090
	[JUDITH KUSHNER is no longer Pres. or a Director of South Dixie Hall Inc.]		

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

6/23/04
Date

Daytime Phone #

CR2E081 (01/04)