

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 14 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000138050 1. Entity Name SOUTHERN INVESTMENTS HOLDING CORPORATION					
Principal Place of Business 228 WEST DILADO DRIVE MIAMI BEACH, FL 23139 US			Mailing Address 228 WEST DILADO DRIVE MIAMI BEACH, FL 23139 US		
2. Principal Place of Business - Suite, Apt. #, etc.		3. Mailing Address 55 Eagle Drive			
City & State Bedford NH		4. FEI Number 51-0489952			
Zip 03110		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWINN, DANIEL 228 WEST DILADO DRIVE MIAMI BEACH, FL 23139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not permitted) <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Daniel Schwinn</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information covered.					
SIGNATURE: <u><i>Ronald L. Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>11/20/05</u> Daytime Phone #: <u>603-472-5513</u>		