## 2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								FIL	ED_	
DOCUMENT # P04000073010						SECRETARY OF STATE DIVISION OF CORPORATIONS				
1. Entity Name SOUTHERN SAIL, INC.							081	MAY -2	PM 2: 4	6
Principal Place of Business Mailing Address										
800 34 AVE S ST PETERSBURG, FL 3	3705	6 GROVE COURT EXETER, NH 03833								
Principal Place of Bus     638 Surre     Suite, Apt. #, etc.	3. Mailing Address 638 Surrey Suite, Apt. #, etc.	38 Surrey Way South			1 100 HE ST 111 1			454 (5)		
		<u> </u>				04282008	REIN-P	CRZE	098 (1/07)	
St. Peter	sburg, FL	St. Petersburg, FL				4. FEI Number 20-1034			<u> </u>	plied For t Applicable
<sup>Zip</sup> 33705	Country	Zip 33705	try L		5. Certificete	of Status Desired	a 🗆	\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								Agent		
CUSHING, DORAN A CUS					Cush ddress (P	hing, Doran A. (P.O. Box Number is Not Acceptable)				
311, 212, 1636, 161, 12 30, 165					638	Surrey	Way So	outh		
					st.	Peters	burg	FL	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 (1) Dra a lucky - DORAN A. CUSHING DRV 4/30/08										
Signature, typed or printed name of registared agent and title if applicated. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW	!!! FEE IS \$300.00						In accordance corporation of	e with s. 607 did not receiv	7.193(2)(b), l /e the prior r	F.S., the otice.
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO C	OFFICERS AN		
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	R, NH 03833			-ST-ZIP	st.		burg. ]			F73 4 4 4 14 1
TITLE DST NAME AXILRO	D, MARGARET	☐ Delete	TITLE		DST Avil	rod. M	argare	<b>-</b>	Change	Addition
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CITY-ST-ZIP	the information susplied with	h this filing does not availfy for		-ST-ZIP	ontained	in Chapter 110	Florida Statuta	as I further co	rtify that the 1-	oformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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 like empowered.										
SIGNATURE: 002m 9. Cuch DORNNO. (NSAIN) 9/30/08 727-214-2046										
SIGNATURE: USANO 1730/08 1/30/08 1/30/08 1/30/08 Departs Phone #										