

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

FILED

Dec 18, 2007 8:00 A.M.

07 Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SE
TAL

DOCUMENT # *6500032289*

1. Corporation Name

SURFSIDE ASSETS, INC.

2. Principal Office Address - No P.O. Box #
5450 ESSEX CT.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip
33405

Country
USA

3. Mailing Office Address
*C. RODRIGUEZ
PEGA + PEGA*

Suite, Apt. #, etc.

1430 BROADWAY STE 1105A

City & State
NEW YORK, NY

Zip
10018

Country
USA

CR2E081 (1/07)
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
2/25/2005

5. FEI Number
562507447

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
JAMES D. TITTLE, ESP

Street Address (P.O. Box Number is Not Acceptable)
11382 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.
BIDG F SUITE 222

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James D. Tittle
REGISTERED AGENT MUST SIGN

Date
12/14/07

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
<i>Pres.</i>	<i>C. RODNEY O'CONNOR</i>	<i>5450 ESSEX COURT</i>	<i>W. PALM BEACH, FL 33405</i>
<i>Director</i>			

700113217607
12/18/07-01011-007 **300.00

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 contained in Chapter 119, 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:

C. Rodney O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #