

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SOUTNSHORE EQUITIES, INC

2. Principal Office Address - No P.O. Box #

1004 SYMPHONY ISLES

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3221

Suite, Apt. #, etc.

City & State

APALACHIN BEACH

City & State

APALACHIN BEACH

Zip

33572

Country

USA

Zip

33572

Country

USA

7. Name and Address of Current Registered Agent

Name

CHAD KOLBY

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

1004 SYMPHONY ISLES BLVD

Suite, Apt. #, Etc.

City

APALACHIN BEACH

State

FL

Zip Code

33572

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

12-30-10

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.	CHAD KOLBY	1004 SYMPHONY ISLES BLVD	APALACHIN BEACH, FL 33572
		A 11/11/11	

10. E-mail Address: **CHAD@SOUTNSHOREEQUITIES.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-10

813 766 3625

FILED

11 JAN -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300189319953
01/04/11--01017--002 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-5-09

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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