

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR **96-97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

97 JUN 23 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010545**

1. Corporation Name
SURF ENTERPRISES, INC.

Principal Place of Business
**101 N. OCEAN DR.
HOLLYWOOD FL 33019**

Mailing Address
**101 N. OCEAN DR.
HOLLYWOOD FL 33019**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/11/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0453959	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DONAGHUE, THOMAS	1207 HOLLYWOOD BLVD.	HOLLYWOOD FL 33019
S	DONAGHUE, BARBARA	1207 HOLLYWOOD BLVD.	HOLLYWOOD FL 33019
			500002225175--0 -06/27/97--01089--010 ****915.00 ****915.00
REINSTATEMENT 96-97 A. Alan 6/23/97			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HECHT, ALAN R 2670 NE 215 ST MIAMI FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date **6.20.97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **THOMAS F.A. DONAGHUE** **954 923 1388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6/20/97** Daytime Phone #

CR2E040 (7/96)