PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR QQ CO	_
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000054266

1. Corporation Name

South Enterprises, Inc.

FILED

.00 APR 10 PM 1: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address #175
5336 S.W. 10th Avenue	1616 W. Cape Coral Pkwy.
Cape Coral, FL 33914	Cape Coral, FL 33914

Filiticipai r	idde of business	Mailing Addi	033	#175				
5336	S.W. 10th Avenue	1616 W	. Cape Cor	al Pkwy.			$\tilde{\Omega}$	
	Coral, FL 33914		Coral, FL	-	REINSTAT		いくし	
oape	00141, 11 33714	oape c	orar, In	33717	RFINSIA	EMEN	14	
					8 8 8 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
If ahove a	uddresses are incorrect in any way. line th	rough incorrect i	nformation and ente	r correction helow				
If above addresses are incorrect in any way, line through incorrect information and enter correction by the second					4. Data Incorporated or Ou	olified	SP	
Z. New I micipal office Address, in Applicable			anny omoc restroot, it rippiloable		4. Date Incorporated or Qualified To Do Business in Florida 06/26/96			
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		00/20/90			
		l			5. FEI Number		Applied For	
City & State		City & State		65-0680123 Not A				
					6. S8.75 Additional Fee requir			
Zıp	Country	Zip	Coun	try	CERTIFICATE OF STATUS	DESIRED Tor a Certification	icate of Status	
		<u> </u>			<u> </u>		icate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)			
T:A)+ (-)	Name of Officers			treet Address of Eacl Officer and/or Director				
Title(s) 1	and/or Directors			Use Post Office Box I		City / State / Zip	İ	
					. ".			
P	Michaela Kuppers		1616 W. C	Cape Coral I	Pkwy. #175 Cape	Coral, FL 33	914	
					90000	1321361 1/18/0001115	95	
					=02	₹/ <u>₹8700</u> 01115	~-027	
					**	**750.00 ***	£750 . 00	
					90000)321361	95	
					<u> </u>	171870001115	~-028	
					**	**150.00 ***	£150.80	
			<u> </u>	1				
	8. Name and Address of Current	Registered Age	ent	- N	9. Name and Address of New Registered Agent			
				Name				
Mich	aela Kuppers			Street Address (P.O. Box Number is Not Accep	tah(a)	,	
	S.W. 10th Avenue			Sileet Address (i	.O. DOX NUMBER IS NOT ACCEP	(able)		
				Suite, Apt, #, Etc				
Cape	Coral, FL 33914			Odno, ripit ii, aito	•		ļ	
				City		State Zip Co	de	
						FL		
10. I, being	appointed the registered agent of the ab-	ove named corpo	oration, am familiar v	with and accept the o	bligations of Section 607.0505	F.S.		
C:	· //·0 · / ·	M2.					_	
Signature of Registered	Agent MODQUS	1/4/4	iner-		Date	February 17,	2000	
	lichaela Kuppers R	EGISTEREDAG	ENT MUST SIGN					
		Oliveant :	(00r					
	is corporation owes the			.,		(See other side for infor		
Int	angible Personal Prope	rty Tax dı	ie June 30.	Yes	∐ No □	on intangible tax.	<u>'</u>	
		-	<u> </u>					
	that I am an officer or director or the rece							
this rein	statement application, the reason for diss				the requirements of section 60			

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Michaela Kuppers

February 17, 2000

941-849-8709

Daytime Phone #