

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000024393130
11/04/03--01005--008 **300.00

DOCUMENT # P96000068970

1. Corporation Name
SOUTHERN SHORE CONSTRUCTION CORPORATION

2. Principal Office Address
5845 NW CORSO AVE

3. Mailing Office Address
5845 NW CORSO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State
PORT ST LUCIE, FL

Zip Country
34986 USA

Zip Country
34986 USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 19, 1996

5. FEI Number
65-0698696

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BARRY GAINES

Street Address (P.O. Box Number is Not Acceptable)
5845 NW CORSO AVE

Suite, Apt. #, Etc.

City
PORT ST. LUCIE

State Zip Code
FL 34986

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

Barry Gaines

Date 10/28/2003

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
P/D	BARRY GAINES	5845 NW CORSO AVE	PORT ST LUCIE, FL 34986
VP/D	JOSEPH CASSANTI	5845 NW CORSO AVE	PORT ST LUCIE, FL 34986
S/D	STEPHEN BLANTON	5845 NW CORSO AVE	PORT ST LUCIE, FL 34986

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 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: X

Barry Gaines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

Daytime Phone #

272-528-3073

CR2E081 (10/02)