

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 22 AM 11:45

DOCUMENT # P96000100628

1. Corporation Name

Southern Sales Unlimited, Inc.

2. Principal Office Address

912 SE 9th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33316-1312

Country
USA

3. Mailing Office Address

912 SE 9th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33316-1312

Country
USA

REINSTATEMENT

79-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/97

5. FEI Number

65-0713832

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

Broderick, Timothy

300003314533-2

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

912 SE 9th Street

07/06/00-01025-019

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316-1312

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

Timothy Broderick

REGISTERED AGENT MUST SIGN

Date 6-16-00

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
PDST	Broderick, Timothy	912 SE 9th Street	Fort Lauderdale, FL 33316

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:

Timothy Broderick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-16-00

Daytime Phone #

CR2E081 (9/99)