

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -9 AM 9:35

DOCUMENT # *P96000101228*

1. Corporation Name

Overland South Inc.

2. Principal Office Address

1547

N. 12 KEMP RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1112

Suite, Apt. #, etc.

700016322677

04/18/03--01041--012 **300.00

City & State

Navarra Fla

Zip

Country

32333

Madison

City & State

Navarra Fla

Zip

Country

32333

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-96

5. FEI Number

59-3415706

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

Herman R Lowe Jr

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

PO Box 1112 on Kemp Rd 1547

Suite, Apt. #, Etc.

City

Navarra

State

FL

Zip Code

32333

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

Herman R Lowe Jr

REGISTERED AGENT MUST SIGN

Date

4-9-03

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
<i>President</i>	<i>Herman R Lowe Jr</i>	<i>1547 Kemp Rd</i>	<i>Navarra, Fla, 32333</i>
<i>Treas</i>	<i>Herman R Lowe Jr</i>	<i>104 William St</i>	<i>Navarra, Fla, 32333</i>

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:

Herman R Lowe Jr
HERMAN R LOWE JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

850-570-1408

Daytime Phone #

CR2E081 (10/02)

To Whome it may concern.

I did not get my forms for 2002 or 2003
at my box. So I had no notice of my status
being cut out.

Herman R Rowe Jr