

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059093

1. Corporation Name

South Ocean Beach Shop Inc.

2. Principal Office Address - No P.O. Box #

28. S. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

28. S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Delray Bch, FL

City & State

Delray Bch FL

Zip

33483

Country

Zip

33483

Country

600170251506
02/23/10--01022--013 **150.00

REINSTATEMENT 06-1D

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

650767237

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

Eugene J. Sullivan

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

28. S. Ocean Blvd.

Suite, Apt. #, Etc.

City

Delray Bch

State

FL

Zip Code

33483

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Eugene J. Sullivan
REGISTERED AGENT MUST SIGN

Date Feb 18, 2010

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	E. J. Sullivan	9812 E1 Clair Ranch Rd.	Brynck Bch FL 33437
V	Pamela Sullivan	9812 E1 Clair Ranch Rd	Brynck Bch FL 33437
ST	Diana Sullivan	2000 S. Ocean Blvd Y3	Delray Bch FL 33483

10. E-mail Address: Delraybeachshop@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Eugene J. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 18 2010 (Seal) 278 3336

Daytime Phone #

2/24