

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



99-00AR
FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 27 AM 11:46

DOCUMENT # 998000028760

1. Corporation Name

Surf, Inc

2. Principal Office Address

1450 SW 3RD ST

Suite, Apt. #, etc.

3. Mailing Office Address

Pampano Beach

Suite, Apt. #, etc.

City & State

Pampano Beach

City & State

FL

Zip

33069

Country

Broward

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/98

5. FEI Number

65-0827620

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

Milton Lang

600003349858-3

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

1450 SW 3RD ST

08/08/00 01088-013
****308.75 ****308.75

Suite, Apt. #, Etc.

City

Pampano Beach FL

State

FL

Zip Code

33069

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

[Signature]

Date 6/26/00

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
Pres	Milton Lang	172 Hampton Circle	Jupiter FL 33457
VP	Alexander Lang	122 Hampton Circle	Jupiter FL 33458
ST	Elong Lang	172 Hampton Circle	Jupiter FL 33458

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00 (954) 788-9698

Date

Daytime Phone #

CR2E081 (9/99)