

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 AUG -6 AM 8:05

DOCUMENT # P99000028027

1. Corporation Name

Source 1 of South Florida, Inc.

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

3072 Carysfort Lane

3. Mailing Office Address

P.O. Box 67-0245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL.

City & State

Coral Springs, FL.

Zip

33063

Country

US

Zip

33067

Country

US

200159301242  
08/06/09--01007--001 \*\*1050.00

CR2E081 (12/08)

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 03-26-1999

5. FEI Number  
65-0907095

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

Adele Fink

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

3072 Carysfort Lane

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

☒ 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

*Adele Fink*

Date 08-04-2009

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	Adele Fink	3072 Carysfort Lane	Margate, FL. 33063

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 contained in Chapter 119, 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:

*Adele Fink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/2009

Date

954-917-3110

Daytime Phone #