

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 DEC 22 PH 3:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S63392**

1. Corporation Name

**SHUCKERS SOUTH, INC.**

Principal Place of Business

C/O GEORGE SWIFT  
 2363 EAST OCEAN BLVD  
 STUART FL 34996

Mailing Address

C/O GEORGE SWIFT  
 2363 EAST OCEAN BLVD  
 STUART FL 34996

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 97

4. Date Incorporated or Qualified To Do Business in Florida

06/27/1991

5. FEI Number

65-0269088

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	SWIFT, GEORGE H III	2363 E OCEAN BLVD	STUART FL
S	DEBERARD, PHILIP III	37 N RIVER RD	STUART FL
V	WINER, DONALD	3 MIDDLE ROAD	STUART FL

000002382400--6  
 -12/24/97-01068-033  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SWIFT, GEORGE H III  
 2363 EAST OCEAN BLVD  
 STUART FL 34996

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/19/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97 561/287-3227  
 Date Daytime Phone #

CP2E040 (8/97)