

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



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

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 Date **12/19/97**
 REGISTERED AGENT MUST SIGN

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

CP2E040 (8/97)