

H98000030991

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 DEC 7 AM 11:56

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V06111  
1. Corporation Name  
Pierce Allen South, Inc.

Principal Place of Business Mailing Address

REINSTATEMENT 93-99

2. Principal Place of Business 21 2378 Prairie Avenue		2a. Mailing Address 24 2378 Prairie Avenue		3. Date Incorporated or Qualified 01/19/1992	3a. Date of Last Report
22 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State Miami Beach FL		26 City & State Miami Beach FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33140	County Miami-Dade	27 Zip 33140	County Miami-Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee
24 33140 Miami-Dade				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Nelson O. Kasdin 1110 Brickell Avenue, 7th Floor Miami, FL 33131		10. Name and Address of New Registered Agent			
		01 Name Nelson O. Kasdin			
		02 Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Boulevard, 20th Floor			
		03			
		04 City Miami	FL	05 Zip Code 33131-2310	

11. Pursuant to the provisions of Sections 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE *N.A. Reyes* Nelson O. Kasdin by R.A. Reyes as attorney-in-fact 12/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Pierce 2378 Prairie Avenue Miami Beach, Florida 33140 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D.D. Allen 2378 Prairie Avenue Miami Beach, Florida 33140 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE *N.A. Reyes* Michael Pierce by R.A. Reyes as attorney-in-fact 12/6/99 312-677-3440

H98000030991

AD

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H99000030991 6))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)922-4004

From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305)672-0686  
Fax Number : (305)672-9110

**CORPORATION REINSTATEMENT**

**PIERCE ALLEN SOUTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**