

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED
 97 DEC -1 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **490738**

1. Corporation Name
RONNIE'S PLACE, INC.

Principal Place of Business 3600 MYSTIC POINT DR TOWER 400 SUITE 4104 N MIAMI BCH FL 33140 US	Mailing Address 3600 MYSTIC POINT DR TOWER 400 SUITE 4104 N MIAMI BCH FL 33140 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 19780 E. Country Club Dr Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable S R M E AS 2 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business In Florida 12/22/1975
City & State AVENTURA, FL 33180	City & State	5. FEI Number 59-1641140 Applied For <input type="checkbox"/> Not Applicable
Zip 33180 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99

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
PD	FURLONG, ESTELLE	3145 PINE TREE DR.	MIAMI BEACH FL 33140
SD	FURLONG, ROBERTA	3600 MYSTIC POINT DR, TOWER 400 19780 E. Country Club Dr.	N MIAMI BCH FL 33140 AVENTURA, FL 33180
			900002373579--9 -12/16/97--01069--016 ***750.00 ***750.00
			8/12/13

8. Name and Address of Current Registered Agent

FURLONG, ESTELLE
3145 PINE TREE DR.
MIAMI BEACH FL. FL 33140

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent

Estelle Furlong

REGISTERED AGENT MUST SIGN

Date **11/26/97**

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

Estelle Furlong **Estelle Furlong**

Date **11/26/97** Daytime Phone # **305-558-6741**