

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 JAN 28 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 031879

1. Corporation Name

NEVER ON SUNDAY, INC.

Mailing Address

Principal Place of Business

129 N Federal Hwy.
Dania Beach, FL 33004

129 N. Federal Hwy.
Dania Beach, FL 33004

REINSTATEMENT 05-2000

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8/3/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1930624

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D	Teddy Andreozzi	Dania Beach, FL 33004 129 N. federal Hwy	Dania Beach, FL 33004
S.T.D	Larry Lindey	129 N. federal Hwy Dania Beach, FL 33004	Dania Beach FL 33004
			6:00003128476-7 -02/08/00 --01134--003 ***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Larry Lindey~~
129 N. federal Hwy
Dania Beach, FL 33004

Name: Teddy Andreozzi
Street Address (P.O. Box Number is Not Acceptable): 129 N. federal Hwy
Suite, Apt. #, Etc.:
City: Dania Beach State: FL Zip Code: 33004

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

Sheldon R. Andrews

REGISTERED AGENT MUST SIGN

Date

1/26/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Sheldon R. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

305 893 6073

Daytime Phone #