


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED  
04 MAY 24 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>719230</b> 1. Corporation Name <b>Everett Arms No. 7 Association, Inc.</b>	
2. Principal Office Address <b>3550 N.W. 8th Ave.</b> Suite, Apt. #, etc. City & State <b>Pompano Beach, FL</b> Zip <b>33064</b>	3. Mailing Office Address <b>P.O. Box 8730</b> Suite, Apt. #, etc. City & State <b>Deerfield Beach, FL</b> Zip <b>33443-8730</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>5/7/04 01004-007-61.25</b> <b>04/28/03 91503 002 6125</b>	
5. FEI Number <b>57-0541036</b> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

03-04  
5/7/04 01004-007-61.25  
04/28/03 91503 002 6125

7. Name and Address of Current Registered Agent Name <b>CARY L. RATLIFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>706 S.E. 2 Ave.</b> Suite, Apt. #, Etc. <b>#436</b> City <b>Deerfield Beach, FL</b>			State <b>FL</b> Zip Code <b>33441</b>
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <b>Cary L. Ratliff</b> Date <b>4-30-04</b> REGISTERED AGENT MUST SIGN	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PA	Musso, Jennie	3550 N.W. 8 Ave. #703	Pompano Beach, FL 33064
VD	Sousa, Ron	1915 N.E. 204 Terrace	Miami, FL 33170
✓ S-D	McDuffee, Mary Jane	3550 N.W. 8 Ave. #716	Pompano Beach, FL 33064
✓ TD	Lovatt, William	3550 N.W. 8 Ave. #702	Pompano Beach, FL 33064
✓ D	McCoy, James	3550 N.W. 8 Ave. #712	Pompano Beach, FL 33064

10. 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: <b>William Lovatt</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4-30-04</b> Daytime Phone # <b>954-421-3058</b>

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**Everett Arms No. 7 Association, Inc.**  
**3550 N.W. 8 Ave.**  
**Pompano Beach, FL 33064**

May 21, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

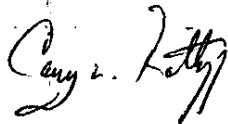
Re: Request for waiver of Reinstatement Fee Doc # 719230 Everett Arms No. 7 Association, Inc.

Gentlemen and Ladies:

Please find enclosed our application for reinstatement of our Non Profit Corporation. We had paid our fee for the 2003 report and submitted the annual report last year. Per Mr. Tyrone Scott, there was a problem with the report and it was returned. However, the returned report was sent to the old registered agent address and not forwarded to the Association.

In view of the above, we respectfully request you waive the reinstatement fee and process the enclosed form. Thank you.

Sincerely,



Cary Ratliff, Registered Agent for  
Everett Arms No. 7 Association, Inc.