

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *9/16/97*  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES  
**APPROVED  
AND  
FILED**

1997 SEP 18 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Head Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # J52744**  
  
1613 Corp.  
11780 U.S. Highway One, Suite 300  
North Palm Beach, Florida 33408

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address  
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: **01-21-87**  
5. FEI Number: **65-0075681**  
FEI Number Applied For  
FEI Number Not Applicable  
6. **\$8.75 Additional Fee required for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED

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
PSID	Sergio Secco	1612 SE 7th Court	Deerfield Beach, FL 33441
D	Annamarie Schiavon	1612 SE 7th Court	Deerfield Beach, FL 33441
AS	Joseph M. Fleming	440 Royal Palm Way, Suite 100	Palm Beach, FL 33480

**REINSTATEMENT** *9/16/97*

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

FHS Corporate Services, Inc.  
11780 U.S. Highway One, Suite 300  
North Palm Beach, Florida 33408

9. If changed, new registered agent / office  
Name  
Street Address (Do NOT Use P.O. Box Number) **300002300233--7**  
City State Zip  
City **FL.** State **FL.** Zip

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 By: *Oren S. Tasini* Date **September 16, 1997**  
Oren S. Tasini, Secretary

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 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 of Officer or Director *Joseph M. Fleming* Date **9-16-97** Daytime Phone # **(561) 833-5600**  
Typed or printed name of signing officer or director **Joseph M. Fleming, Assistant Secretary**

CR2E040 (8-97)