

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001597**
1. Corporation Name
U.S.S HOGA YT-146 ASSOCIATION, INC

000009575630
12/18/02--01034--017 **183.75

2. Principal Office Address
4470 RAVENSWOOD RD
Suite, Apt. #, etc.
City & State
Ft. LAUDERDALE, FL
Zip Country
33312 USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

02
8/11/02 90168 004-
61.25
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
05-0990265
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MITCHELL HOWARD
Street Address (P.O. Box Number is Not Acceptable)
3800 SO. OCEAN DRIVE SUITE 219
Suite, Apt. #, Etc.
City
HOLLYWOOD

REINSTATEMENT

State Zip Code
FL 33009

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 **Mitchell J Howard** Date **11/26/02**
REGISTERED AGENT MUST SIGN

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
PSTD	GINA L. SILVESTRI D	4470 RAVENSWOOD RD	Ft. LAUDERDALE FL 33312
SRVP	ED CARSTEN D	4470 RAVENSWOOD RD	Ft. LAUDERDALE FL 33312
D	JAMES SILVESTRI D	4470 RAVENSWOOD RD	Ft. LAUDERDALE FL 33312
ZVP	LOUIS TERMINELLO D	4470 RAVENSWOOD RD	Ft. LAUDERDALE, FL 33312

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: **Gina L Silvestri** Date **11/22/02** Daytime Phone # **954-983-6866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)