

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001597**

1. Corporation Name

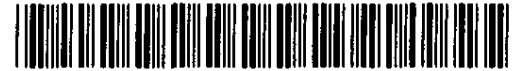
USS HOGA YT-146 ASSOCIATION, INC.

Principal Place of Business

4470 RAVENWOOD ROAD
 FT. LAUDERDALE FL 33312

Mailing Address

4470 RAVENWOOD ROAD
 FT. LAUDERDALE FL 33312



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0990265

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSTD	SILVERSTRI, GINA L	4470 RAVENWOOD ROAD	FORT LAUDERDALE FL 33312
SRVD	CARSTEN, ED	4470 RAVENWOOD ROAD	FT. LAUDERDALE FL 33312
D	SILVESTRI, JAMES	4470 RAVENWOOD ROAD	FT. LAUDERDALE FL 33312
D2VP	TERMINELLO, LOUIS	4470 RAVENWOOD ROAD	FT. LAUDERDALE FL 33312
			400024994464 11/25/03--01002--018 **61.25

8. Name and Address of Current Registered Agent

HOWARD, MITCHELL
 3800 SO. OCEAN DR., STE. 219
 HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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. Silverstri GINA L. SILVESTRI 11/6/03 954-983-6866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

November 7, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: USS HOGA YT-146 Association, Inc.
Period/Form: 2003 UBR
FEIN: 65-0990265

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the 2003 Uniform Business Report.

The taxpayer did not receive the form via US Mail. However, the address of record is correct. I respectfully request that you consider waiving the penalty that normally follows in this situation, as the penalty is a financial hardship for this Not for Profit organization.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

Mitchell J. Howard
Mitchell J. Howard

Enclosures