

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 OCT -9 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~REINSTATEMENT~~ 03

200023666542  
10/09/03--01049--014 \*\*750.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2 0000 67831

1. Corporation Name  
98 Lot, Inc.

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><u>2400 S. Dixie Highway</u> |                       | 3. Mailing Office Address<br><u>2400 S. Dixie Highway</u> |                       |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.                                       |                       |
| City & State<br><u>Miami, Florida</u>                       |                       | City & State<br><u>Miami, Florida</u>                     |                       |
| Zip<br><u>33143</u>   | Country<br><u>USA</u> | Zip<br><u>33143</u>                                       | Country<br><u>USA</u> |

4. Date Incorporated or Qualified To Do Business in Florida \_\_\_\_\_

5. FEI Number \_\_\_\_\_ 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 Bruce Greer

Street Address (P.O. Box Number is Not Acceptable) 2400 South Dixie Highway

Suite, Apt. #, Etc. \_\_\_\_\_

City Miami State FL Zip Code 33143

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 \_\_\_\_\_ Date \_\_\_\_\_

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    |
|------------|-----------------------------------|--|-----------------------|
| <u>P/S</u> | <u>BRUCE GREER</u>                | <u>2400 SOUTH DIXIE</u>                        | <u>MIAMI FL 33133</u> |
|            |                                   |  |                       |
|            |                                   |  |                       |
|            |                                   |  |                       |
|            |                                   |  |                       |

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: Bruce W Greer Date 10/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E081 (10/02)