


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064284

1. Corporation Name

824 CORP.

Principal Place of Business

Mailing Address

100 S.E. 2nd Street  
Suite 4300  
Miami, Florida 33131

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

94-98

4. Date Incorporated or Qualified To Do Business in Florida

1993

5. FEI Number

650 463 013

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BACHELOR, GEORGE E.	100 S.E. 2nd Street, Ste. 4300, Miami, Florida	33131
S	POLK, RHONDA S.	950 S.E. 12th Street, Hialeah, Florida	33010

600002681926--2  
-11/06/98--01034--007  
\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lewis, Harold L.  
HABER & LEWIS, P.A.  
2 South Biscayne Blvd.  
Suite 3250  
Miami, FL 33131

Name Francis A. Anania, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 4300

City

Miami

State  
FL

Zip Code  
33131

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

*Francis A. Anania*  
REGISTERED AGENT MUST SIGN

Date 7-22-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Rhonda S. Polk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-98 (305) 889-6722  
Date Daytime Phone #

CR2E040 (1/98)