

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001460**

1. Corporation Name  
**410 INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
 1515 SW 13 CT 1515 SW 13 CT  
 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312

*Handwritten initials*



**REINSTATEMENT 00-01**

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  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 01/06/1994   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 65-0467531   |  |
|  |  |  |  | Applied For  |  |
|  |  |  |  | Not Applicable   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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              |
| PD  | SMITH, SHELBY                       | 1515 SW 13TH CT                                  | FT LAUDERDALE FL 33312            |
| <del>SB</del>   | <del>KESSEL, PETER</del>            | <del>626 SW 5TH AVE</del>                        | <del>FT LAUDERDALE FL 33315</del> |
| <del>PD</del>   | <del>WHITE, JOHN H</del>            | <del>1031 SE 10TH AVE</del>                      | <del>POMPANO BEACH FL 33064</del> |
| <del>D</del>  | <del>SMITH, SHELBY G JR</del>       | <del>510 SE 11TH AVE</del>                       | <del>FT LAUDERDALE FL 33304</del> |
| SEC   | SMITH, SELINA                       | 1515 SW 13 CT                                    | FT LAUDERDALE FL 33312            |

|  |  |  |  |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent                  |  | 9. Name and Address of New Registered Agent  |  |
| SMITH, SHELBY G III<br>1515 SW 13TH CT<br>FT LAUDERDALE FL 33312 |  | Name<br>Street Address (P.O. Box Number, if applicable)<br>Suite, Apt. #, Etc.<br>City |  |
|  |  | 500004275645-7<br>-05/22/01--01028--005<br>***750.00 ***750.00                         |  |
|  |  | State<br>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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 3-25-01

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, Florida Statutes, and that 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: *[Signature]* Shelby G. Smith III PD 3-25-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZEC40 (8/01)