

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 # **P95000085112**

1. Corporation Name

**98BMW750, INC.**

Principal Place of Business

Mailing Address

11911 U.S. HWY. ONE  
 STE ~~210~~ 201  
 NORTH PALM BEACH FL 33408  
 US

11911 U.S. HWY. ONE  
 STE ~~210~~ 201  
 NORTH PALM BEACH FL 33408  
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1995

5. FEI Number

65-0803791

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	COOK, ROBERT B	11911 US HWY ONE, STE <del>210</del> 201	NORTH PALM BEACH FL <i>211898</i>

700002435397--4  
 -02/19/98--01068--004  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

COOK, ROBERT B  
 11911 U.S. HWY. ONE  
 STE ~~210~~ 201  
 NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

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

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

*Robert B Cook*  
 REGISTERED AGENT MUST SIGN

Date

12/30/97

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:

*Robert B Cook*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 FEB 18 AM 8:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT *97-98*

CR25040 (8/97)