

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 11:38

DOCUMENT # P97000096108

1. Corporation Name

THE 720 S.W. 12TH AVENUE CORPORATION

Principal Place of Business

Mailing Address

720 S.W. 12TH AVENUE
POMPANO BEACH FL 33069-4528

720 S.W. 12TH AVENUE
POMPANO BEACH FL 33069



REINSTATEMENT 00

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

11/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0792430

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HORSLEY, MICHAEL D	720 SW 12TH AVE	POMPANO BEACH FL 33069
S	MENCHE, AARON	720 SW 12TH AVE	POMPANO BEACH FL 33069
T	SKURA, DANNY	720 SW 12TH AVE	POMPANO BEACH FL 33069

600003433776--0
-10/20/00--01065--034
***750.00 ***750.00

10/10/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORSLEY, MICHAEL D
720 S.W. 12TH AVENUE
POMPANO BEACH FL 33069-4528

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.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-11-00

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-11-00 (954) 946-7575
Daytime Phone #

CR2E040 (9/00)