

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

OCT 24 PM 12:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000097085**

1. Corporation Name

**578 CORP.**

Principal Place of Business

Mailing Address

**578 NORTH ORANGE AVENUE  
 ORLANDO FL 32801**

**578 NORTH ORANGE AVENUE  
 ORLANDO FL 32801**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 98-99 000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**11/13/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**59-3483760**

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>HARROLD, JAN</b>	<b>578 NORTH ORANGE AVENUE</b>	<b>ORLANDO FL 32801</b>

**500002826265-2**  
 -04/01/99--01052--015  
 \*\*\*\*300.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HERSH, BRIAN R**  
**19 WEST FLAGLER STREET SUITE 602**  
**BISCAYNE BUILDING**  
**MIAMI FL 33130-4477**

Name **JAN HARROLD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1312 Heron Dr**  
 Suite, Apt. #, Etc.

City **ORLANDO**

State **FL** Zip Code **32803**

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

*Jan Harrold*

REGISTERED AGENT MUST SIGN

Date

**3-22-99**

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:

*Jan Harrold*

**JAN HARROLD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-99**

Date Daytime Phone #

CR2E040 (9/98)