

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
01 OCT 15 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054711

1. Corporation Name

3625, INC.

500004655665--5
-10/26/01--0107--009
***750.00 ***750.00

2. Principal Office Address

19555 East Country Club Dr
Suite, Apt. #, etc.
207

3. Mailing Office Address

19555 East Country Club Dr
Suite, Apt. #, etc.
207

REINSTATEMENT 2001
EP

City & State
Aventura, Florida

City & State
Aventura, Florida

4. Date Incorporated or Qualified
To Do Business in Florida 6/18/98

Zip Country
33180 USA

Zip Country
33180 USA

5. FEI Number 65-0852093
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Todd T. Nepola

Street Address (P.O. Box Number is Not Acceptable)

19555 East Country Club Drive

Suite, Apt. #, Etc.

#207

City

Aventura

State
FL

Zip Code
33180

500004655665--5
-10/26/01--0107--010
*****8.75 ***8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date October 3, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Thomas C. Nepola	3700 South Ocean Blvd #503 #207	Highland Beach, FL 33487
VP/T/	Todd T. Nepola	19555 East Country Club Dr #207	Aventura, Florida 33180
D	Todd T. Nepola	19555 East Country Club Dr	Aventura, Florida 33180

10. 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

THOMAS C. NEPOLA

10/3/01

561-330-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFZE981 (9/00)