

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR 17 AM 9:31

DOCUMENT #

J 50534

1. Corporation Name

1819, INC.

Principal Place of Business

Mailing Address

1819 79th ST Causeway
North Bay Village, FL 33141

417

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. | | 7/14/92 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0358775 | |
| | | | | 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 (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|--|---|
| P.S. D | Charles G. Grentner | 1819 79th St Causeway North Bay Village, FL 33141 | North Bay Village FL 33141 |
| | | | |
| | | | |
| | | | 200002148242--5 -04/18/97--01105--014 ****915.00 ****915.00 |
| | | | REINSTATEMENT 96-97 |

8. Name and Address of Current Registered Agent

Alhadeff, E Richard
150 West Flagler ST
Suite 2200
Miami FL 33130

9. Name and Address of New Registered Agent

Name Charles G. Grentner
Street Address (P.O. Box Number is Not Acceptable)
1819 79th ST Causeway
Suite, Apt. #, Etc.
City North Bay Village State FL Zip Code 33141

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

Charles G. Grentner

REGISTERED AGENT MUST SIGN

Date

4/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Ch. G. Grentner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

305/885-7100

Daytime Phone #

CR2E040 (12/96)