

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

01 NOV 16 PM 1:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000086458

1. Corporation Name
COMPANY B, INC.

Principal Place of Business Mailing Address
2222 SW 57TH TERRACE **2222 SW 57TH TERRACE**
HOLLYWOOD FL 33023 **HOLLYWOOD FL 33023**



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 **09/11/2000**

5. FEI Number Applied For
94 33 81668 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TIERNEY, SANDRA	222 SW 57TH TERRACE 2222 S.W. 57TH TERRACE	HOLLYWOOD FL 33023

900004733249--0
 -12/19/01--01065--007
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

TIERNEY, SANDRA
222 SW 57TH TERRACE
HOLLYWOOD FL 33023

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 _____ Date **11/14/01**

REGISTERED AGENT MUST SIGN

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: _____ Date **11/14/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)

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TO: DEPARTMENT OF STATE

FROM: COMAPNY B
JOYCE LOWEN

DATE: NOVEMBER 14, 2001

RE: DISSOLUTION OF CORPORATION

DUE TO THE INCORRECT ADDRESS LISTED ON OUR PAPER WORK
WE NEVER RECEIVED THE INFORMATION REGARDING CORPORATION
RENEWAL FEES.

PLEASE LOOK AT THE ADDRESS CORRECTIONS.

SINCERELY,
COMPANY B