

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 OCT 23 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **458920**

1. Corporation Name

CENTURY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% ERIC K. BLAU
3589 S OCEAN BLVD.
PALM BEACH FL 33480

% ERIC K. BLAU
3589 S OCEAN BLVD. #514
PALM BEACH FL 33480

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.		07/31/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-1631457	
				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	4 City / State / Zip
D	BLAU, JOSEPH	7 HARCOURT RD. 187 GARTH RD #2C	SCARSDALE NY 10583
PST	BUIE, MERRY C.	1925 BRICKELL AVE. #112D	MIAMI FL 33129
			300003454803--9 -10/07/00-01001-020 ****750.00 ****750.00
			REINSTATEMENT 00 \$ 175
			400003454934--1 -11/07/00-01054-020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLAU, ERIC K. 3589 S OCEAN BLVD. PALM BEACH FL 33480		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 *Eric K. Blau* REGISTERED AGENT MUST SIGN Date 10/6/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Joseph Blau* Date 10/17/00

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

CR2E040 (8/00)