

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
98 AUG 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47949

1. Corporation Name

1280 BUILDING CORP.

Principal Place of Business

Mailing Address

REINSTATEMENT

96-98
aw

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

2. New Principal Office Address, if Applicable 1 NORTH UNIVERSITY DR. Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 1 NORTH UNIVERSITY DR. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/30/88	
City & State PLANTATION		City & State PLANTATION		5. FEI Number 65-0104323 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33324 Country USA		Zip 33324 Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
D. PRES.	NICK A. CAPORELLA	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33324
V.P.	ED GRANT	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33324
V.P.	VINCE CAPORELLA	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33324
SECY.	LINDA CRAWFORD	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33324
ASST. SECY.	DAVID J. BODEN	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33324

8. Name and Address of Current Registered Agent VINCENT CAPORELLA 1280 SW 29th AVE. POMPANO BEACH, FL 33069		9. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301	
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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 **C. BACLET, VICE PRESIDENT** *C. Baclet* Date **August 13, 1998**
REGISTERED AGENT MUST SIGN

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: *Edward Grant* **7/31/98** **954-473-4710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EAG (12/96)