## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION**



FOR REINSTATEMENT				PLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS			SECRETAR	LED Y OF STATE CORPORATIONS	
I. Compora	JMENT # tion Name SOUTH FEDE						·	PM 3: 18	
Mailing Add	Iress		Principal Place of Business						
				outh Federal Highway				,	
ania 1	Beach, FL	33004	Dania B	each, FL	33004	REINS		78-01	
If above addresses are incorrect in any way, line through incorrect in 2. New Mailing Address, if Applicable 3. New Princ				ipal Office Address	, If Applicable	4. Date Incorp	DO NOT WRITE IN THIS orated or Qualified	SPACE	
	outh Federa	1 Highway	1121 So Suite, Apt. #,	uth Federa	ıl Highway	To Do Busir	ness in Florida 01-	-02-1990	
Suite, Apt. #, etc. Suite,				etc.		5. FEI Number		Applied For	
City & State City & State Dania Beach, Florida Dania				ocah Plan		65-0205	ر = ,086	Not Applicable	
3300 <sup>4</sup>			Zip 33004	each, Flor		<b>MA</b> TIFI <b>M</b> T	e of structus designed \$	9.75 Additional Fee required for a Certificate of Status	
		of Each Officer and/o	or Director (Flo	rida nonprofit corpo	rations must list at le	ast 3 directors)	<u></u>		
Title(s)	Name of Officers and/or Directors			(	treet Address of Eac Officer and/or Directo Use Post Office Box	r	City / 5	State / Zip	
D	RALPH SCOTTO			1121 Sout	h Federal I	Highway	Dania Beach,	Florida 33004	
STD	MICHAEL SCOTTO			1121 South Federal Highway			Dania Beach, Florida 33004		
						30	-03/06/01 -03/06/01 ***1208.79	<del>21988</del> -01051025 5 ***1208.75	
			•						
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Registered	i Agent	
					Name ARCHIE J	ARCHIE J. RYAN III			
1121 South Federal Highway						P.O. Box Number is Not Acceptable)			
Dania Beach, Florida 33004					Suite, Apt. #, Etc Third F1	J.	each Boulevard		
				City Dania Beach		· · · · · · · · · · · · · · · · · · ·	Sta		
0. I, being	appointed the registe	ered agent of the above	re nathed corpo	ration, am familiar	1 -		on 607,0505, F.S.		
ignature of legistered /				ENT MUST SIGN			Date February	23, 2001	
1. If th	nis corporatio	on is a non-pr	rofit with I	.R.S. 501(c	)(3) tax exen	npt status,	check this box	(See other side for additional information.)	
		oration pay a ue under S.				∏ No <sup>[X</sup>	X (See other s	side for information angible tax.)	

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

MICHAEL SCOTTO, MICHAEL SCOTTO, Vice-President 2/23/01 954-923-1693

Date

Daytime Phone #