

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 10 PM 12:03
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49231

1. Corporation Name
3850 CORPORATION

Principal Place of Business Mailing Address
3850 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FLORIDA 33064

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified to Do Business in Florida	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		02/12/1990	
City & State		City & State		5. File Number	
Zip		Zip		65 0181871	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PS	GONZALEZ, ACELIO J.	250 N.W. 42nd WAY	DEERFIELD BEACH, FL 33442
D	NELSON, LAWRENCE E.	2291 N.E. 44TH ST.	LIGHTHOUSE POINT, FL 33064
D	LITTLE, WILLIAM.	4421 N.E. 25TH AVE.	LIGHTHOUSE POINT, FL 33064

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*****915.00 *****915.00

REINSTATEMENT 110-97-018
1/10/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GONZALEZ, ACELIO J. 250 N.W. 42ND WAY DEERFIELD BEACH, FL 33442		Name Street Address (P.O. Box/Number is Not Applicable) Subs. 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 607.0806, F.S.
Signature of Registered Agent: *Acelio J. Gonzalez* Date: 1/6/97
ACELIO J. GONZALEZ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.072(1)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.072(1)(c) in the event that the information supplied is determined 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 of 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: *Lawrence E. Nelson* 1/6/97 954-725-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LAWRENCE E. NELSON