

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  
97 JAN 10 PM 12:03  
SECRETARY OF 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  
P.O. Box 5460

4. Date incorporated or Qualified to Do Business in Florida

02/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FID Number

65 0181871

Applied For

Not Applicable

City & State

City & State  
Lighthouse Point, FL

Zip

Country

Zip

33074

Country

Broward

6. CERTIFICATE OF STATUS DESIRED

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

100002057831--5  
-01/14/97--01168--008  
\*\*\*\*\*315.00 \*\*\*\*\*915.00

REINSTATEMENT 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)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REGISTERED AGENT MUST SIGN

Date 1/6/97

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 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) 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:

*Lawrence E. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAWRENCE E. NELSON

1/6/97 954-725-5200

Daytime Phone #