

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76912

1. Corporation Name
NOB HILL SAWGRASS CORP.

Principal Place of Business 3900 GALT OCEAN DR. SUITE 1701 FORT LAUDERDALE FL 33308 US	Mailing Address 3900 GALT OCEAN DR. SUITE 1701 FORT LAUDERDALE FL 33308 US
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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 05/29/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0199422	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875. A Additional Fee required for a Certificate of Status.	

REINSTATEMENT 99

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
S	MCCORD, ELIZABETH	1612 ARROW WOOD RD.	KNOXVILLE TN
PT	MOEBIUS, HERBERT	3900 GALT OCEAN DR. APT. 1701	FORT LAUDERDALE FL 33308

800003070506-9
-12/15/99-01016-008
\$\$\$750.00 \$\$\$750.00

8. Name and Address of Current Registered Agent MOEBIUS, HERBERT 3900 GALT OCEAN DR SUITE 1701 FORT LAUDERDALE FL 33308		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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: Herbert Moebius Date: Nov. 8, 99
REGISTERED AGENT MUST SIGN

11. 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: Herbert Moebius HERBERT MOEBIUS Date: Nov. 8, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

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