

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC 18 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001597

**1. Corporation Name**

U.S.S HOGA YT-146 ASSOCIATION, INC

000009575630  
12/18/02--01034--017 \*\*183.75

**2. Principal Office Address**

4470 RAVENSWOOD RD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

05-0990265

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MITCHELL HOWARD

Street Address (P.O. Box Number is Not Acceptable)

3800 SO. OCEAN DRIVE SUITE 219

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33009

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

MITCHELL J. HOWARD

Date

11/26/02

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	GINA L. SILVESTRI	4470 RAVENSWOOD RD	FT. LAUDERDALE FL 33312
SRVP	ED CARSTEN	4470 RAVENSWOOD RD	FT. LAUDERDALE FL 33312
D	JAMES SILVESTRI	4470 RAVENSWOOD RD	FT. LAUDERDALE FL 33312
D	LOUIS TERMINELLO	4470 RAVENSWOOD RD	FT. LAUDERDALE, FL 33312

**10. 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:**

GINA L. SILVESTRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02 954-983-6866

Date

Daytime Phone #

CR2E081 (9/01)