

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37344

1. Corporation Name

24-SEVEN MOTIVATIONAL CONCEPTS, INC.

Principal Place of Business

Mailing Address

2732 SW 9TH STREET
FT LAUDERDALE FL 33312
US

2732 S.W. 9TH STREET
FT. LAUDERDALE FL 33312
US



02/15/00 90031045 \$41.25
08/02/00 9003 013 \$41.25

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

Suite, Apt. #, etc.

1900 University Dr. Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Pembroke Pines FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1990

5. FEI Number

65-0324798

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LOMAX, REV WAYNE	2732 S.W. 9TH STREET 1900 University Dr. Pem. Pines	FT LAUDERDALE FL 33312
VD	HUNTER, SANDRA	2841 N. OAKLAND PARK BLVD.	OAKLAND PARK FL
STD	ELLIOTT, GWENDOLYN	400 NW 9TH AVE	FT LAUDERDALE FL
REV	MELTON, JAMES	8210 N.W. 66 TERRACE	TAMARAC FL 33321
			500003497305-2 -12/12/00--01071--007 ****113.25 ****113.75
			REINSTATEMENT 00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MELENZ, MARIA
401 N.W. 9TH AVENUE
FORT LAUDERDALE FL 33311

Name

TANIA TRAMMELL

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

1900 N. UNIVERSITY DR

Suite, Apt. #, Etc.

#208

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

Tania Trammell

Date 11-14-2000

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:

Wayne L. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/00

Date

Daytime Phone #