PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 13 AM 8: 00

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000064468**

1. Corporation Name

SIGNATURE:

24/7 COORDINATION, INC.

Principal Pl	ace of Business	Mailing Addre	.SS]			
1 601 W. FA	IRWAY-RD.	1691-W. FAIRN	RWAY-RD.					
			ROKE PINES FL 33026			i enili bo nia enili belih belih belih anile bilih al	171 01010 0 1701 1017 1001	
		7 a i	NW 15 St volce Pines FL 33026			TATE AND APAIT	AZ 0	
Penb If above a	مند کا 33026 منہ کا معارض ddresses are incorrect in any way, line thro	ugh incorrect in	formation and enter c	correction below.	Keinə	TATEMENT	() MKI	
2. New Principal Office Address, If Applicable 3, New Mail		3. New Mailin	ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/28/2000			
Suite, Apt.	#, etc."	Suite, Apt. #,	etc.		5. FEI Number		Applied For	
Penboke Pines FL Pen		Penb	nbroke Pinas		65-1025133 Not Applicable		Not Applicable	
33026 Brown US Zip 330		3302	26 Sountry US		CERTIFICATE OF STATUS DESIRED 58.75 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			
PTD	GREENBERG, ROBBY L		1 691 W. FAIRW A' 1/4/1 // //	YRD. ₩ 15 S+	PEMBROKE PINES FL 33026			
VSD PAVLIK, MONICA			1862 ADVENTURE PL. 74 85 Nω 33 St			NORTH LAUDERDALE FL 33068 Laudechill FL 33319		
	-		<u> </u>					
					400023765524			
			400023765524 10/13/0301094020 **150.00				*150.00	
	8. Name and Address of Current R	egistered Age	nt		9. Name and Address of New Registered Agent			
GREENBERG, STEVEN M'ESQ. 9900 STIRLING RD. 2ND FL				Street Address (P.O. Box Number is Not Act			1970	
COOPER CITY FL 33024-6043				Suite, Apt. #, Etc.				
			576. 1 City L Zu		derdale State Zip Code 3 330			
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. or 617.0505, F.S.								
Oh a la								
Signature o	AgentSIGNA	MARIE	REQU	IIRED		Date 10 q	03	
<u> </u>		GISTERED AGI	ENT 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.





24/7 Coordination, Inc.

Robby L. Greenberg

Monica L. Pavlik

P.O. Box 590605

Ft. Lauderdale, FL 33359-0605

North Office 478-4944 South Office (954) 240-6313

October 9, 2003

Division of Corporations
Annual Reports/Reinstatement Section
PO Box 6327

To whom it may concern,

I received your notice of Administrative Dissolution yesterday. All officers and the Registered Agent have had an address change since the last filing. We did not receive the UBR notices for the Annual Report. I am requesting a waiver for that reason. I am including a check for \$150 for the year of 2003. Somehow this third notice was sent to our new principal place of business. If I have misunderstood the requirements, please contact me at our new address: 11411 NW 15 Street, Pembroke Pines, FL 33026. Thank you for your consideration.

Sincerely,

Robby Greenberg, President

24/7 Coordination, Inc.