## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0100098003

1. Corporation Name

SEVEN GOLDEN CORRIDORS, INC.

Principal Place of Business

Mailing Address

11850 N.W. 18TH STREET PLANTATION FL 33233 11850 N.W. 18TH STREET PLANTATION FL 33233

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03 OCT 13 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEWEW \_03\_\_

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 Date Incorporated or Qualified To Do Business in Florida 10/09/2001 Suite, Apt. #, etc. 5. FEI Number Applied For 59-3750196 City & State ANTATION FL Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PLANTATION FL<del>-33293</del> 33322 D **NEUHAUS, JOHN** 11850 N.W. 18TH STREET FISHER, CHRIS-G DEIETED D 11850 N.W. 18TH STREET-PLANTATION FL 33233 3501 SW 130 AVE | DAVIE, FL 33330 BENJAMIN BURKE D 5720 LAKESIDE OR MARGATE, FI 33063 STEVE BENNING  $\mathcal{D}$ <u>500023766925</u> 10/13/03--01099--012 \*\*158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent OHN NELLHAUC **NEUHAUS, JOHN** Street Address (P.O. Box Number is Not Acceptable) 11850 N.W. 18TH STREET PLANTATION FL-83233 33323 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. Date 10-9-03 Signature of Registered Agent 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-9-03 954-242-7947

Daytime Phone #



John Neuhaus, III
Owner/Operations Coordinator

10-9-03

DEAR REPT. OF STATE.

- DUE FO-A-MOVE IN Appel OF 2003 I 010
NOT RECEIVE my Filing DOCUMENTS.

I RESpect Fully Ask you To warve the
REW John-IT To

REINSTATEMENT FEE

I AM CURRENTLY OPERATING AND I NEED TO
BY REMOTATED IF I AM RESPONSIBLE FOR
ANY OTHER FEES PLEASE CONTACT ME SO I
CAN REMAIN ACTIVE. RESPECTABLE

Mailing Address: P. O. Box 141, Ft. Lauderdale, FL 33302 Phone: 1-954-242-7947 E-Mail:Jneuh10084@aol.com DIRECTOR