PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PLACE OF T.

**APPLICATION FOR** 



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## P93000029441 **DOCUMENT#**

1. Corporation Name

PROP CENTRAL, INC.

Principal Place of Business

Mailing Address

1856 WEST AVENUE MIAMI BEACH FL 33139 1856 WEST AVENUE MIAMI BEACH FL 33139 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above ac	ddresses are incorrect in any way, line the	rough incorrect in	formation and enter	correction below.				
		1	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     O4/22/1993		
Suite, Apt. #, etc. Suite,		Suite, Apt. #,	etc.	•	5. FEI Number Applied For			
City & State		City & State	City & State			65-0427176 Not Applicable		
Zip	Country	Zip	Count	гу	6. CERTIFICATE	F OF STATUS DESIRED 5	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 2	Street Address of Each Officer and/or Director			City / State / Zip			
D	BARRACLOUGH, JULIUS A 1856 WEST AVE			E. ''	MIAMI BEACH FL 33139			
D	BERG, VICKI	1856 WEST AVE.			MIAMI BEACH FL			
1P:	Staylor, Bill	1856 West Ave			MB, FL 33139			
:				 <del>   </del>				
	¥.	اليا			-12/05/0001013003 ****150.00 ****150.00			
						00 UBR	78	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent								
BARRÂCLŌUGH, JULIUS A 1856 WEST AVE. MIAMI BEACH FL 33139				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
	*	City M 10 PC			Sta			
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 REGISTERED AGENT MUST SIGN  Date 11/2-(00)								
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 filling 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.								

P930000 29441

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ko Whom it may Concern.

November 21, 2000

I have just been advised that I must pay a fee for reinstatement, however I did not receive a notice. We are in a warehouse and we more often than not have problems with our mail, again we did not receive original request. Please see the photo's of our mail box. I am enclosing a check for \$150 following the instructions of Tyrone Scott.

Thank you in advance,

Vicki K Berg Prop Central, Inc

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