

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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97 NOV 26 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052649  
1. Corporation Name  
411 Australian Avenue, Inc.

Principal Place of Business Mailing Address  
~~326 Peruvian Avenue~~  
Palm Beach, FL 33480



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
436 Australian Avenue  
Suite, Apt. #, etc.  
City & State  
Palm Beach, FL  
Zip 33480 Country

3. New Mailing Office Address, If Applicable  
436 Australian Avenue  
Suite, Apt. #, etc.  
City & State  
Palm Beach, FL  
Zip 33480 Country

4. Date Incorporated or Qualified To Do Business in Florida 7/28/93  
5. FEI Number 65-0527276 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S & D	Richard J. Danton	436 Australian Avenue	Palm Beach, FL 33480
			200002360802-7 12/02/97 01051-010 ****758.75 ****758.75
			REINSTATEMENT (97) A. Alan 11/26/97

8. Name and Address of Current Registered Agent  
Richard J. Danton  
436 Australian Avenue  
Palm Beach, FL 33480

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 [Signature] Date 11/24/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: [Signature]

CR2E040 (7/96)