

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 SEP 20 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **793000052649**
 1. Corporation Name
411 AUSTRALIAN AVENUE, Inc.

Principal Place of Business Mailing Address
2001 PALM BEACH LAKES BLVD - SUITE 208
WEST PALM BEACH, FL 33409

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable SAME AS ABOVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable SAME AS ABOVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1993	
City & State		City & State		5. FEI Number 65-0527276 Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES SECRET	RICHARD DANTON	2001 PALM BEACH LAKES BLVD SUITE 208	33409 WEST PALM BEACH, FL

000002993320--7
 -09/22/99--01026--017
 *****908.75 *****908.75

8. Name and Address of Current Registered Agent RICHARD DANTON 2001 PALM BEACH LAKES BLVD SUITE 208 WEST PALM BEACH, FL 33409		9. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: Zip Code: FL	
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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: 9-16-99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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: *[Signature]* RICHARD DANTON 9-16-99 561-242-0228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)