

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC -3 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA400006344

1. Corporation Name: 7500 Corp.
c/o S.J. Levine, Esquire
801 Arthur Godfrey Road Suite 222
Miami Beach, Florida 33140

Principal Place of Business: 7500 Corporation
c/o S.J. Levine, Esquire
801 Arthur Godfrey Road Suite 222
Miami Beach, Florida 33140

REINSTATEMENT 95-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable: 7500 Corporation
7500 Collins Avenue
Miami Beach, Florida 33141
Country: Dade

3. New Mailing Address, if Applicable: c/o Alfonso Rodriguez, CPA
6780 Coral Way Suite 100
Miami, Florida 33155
Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: _____

5. FEI Number: _____ Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED: **\$875 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 Titles | 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 |
|---------------|--|--|----------------------------|
| DIR. P/S/T | SOFIA CARRATALA | 8300 Abbott Avenue | Miami Beach, Florida 33141 |
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8. Name and Address of Current Registered Agent: 7500 Corp.
c/o S.J. Levine, Esquire
801 Arthur Godfrey Road Suite 222
Miami Beach, Florida 33140

9. Name and Address of New Registered Agent: Name: SOFIA CARRATALA
Street Address (P.O. Box Numbers Not Acceptable): 8300 ABBOTT AVENUE
Suite, Apt. #, Etc.: _____
City: MIAMI BEACH State: FL Zip Code: 33141

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: Sofia Carratala Date: _____
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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., and that all fees owed by the corporation have been paid. 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: Sofia Carratala