

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073516

1 Corporation Name

901 ENTERPRISES, INC.
901 South Miami Avenue, Miami, FL 33130

Principal Place of Business

Mailing Address

901 South Miami Avenue
Miami, FL 33130

REINSTATEMENT *ae*

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		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/3/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0560071	
City & State		City & State		Applied For: Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75 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
	ANTON SEISS	901 South Miami Avenue Miami, FL 33130	
	President, Secretary		
	Treasurer, Director		200002036602--5 -12/24/96--01047--004 ****375.00 ****375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Bruce Jay Toland 800 Brickell Avenue #1100 Miami, FL 33131		Name ANTON SEISS	
		Street Address (P.O. Box Number is Not Acceptable) 901 South Miami Avenue	
		Suite, Apt. #, Etc.	
		City Miami	State FL
		Zip Code 33130	

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 *Anton Seiss* REGISTERED AGENT MUST SIGN Date 12/16/96

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 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., 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: *Anton Seiss* ANTON SEISS 12/16/96 (305) 374-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200-00 (12/95)