

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JUL -1 PM 2:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

200002936582--0  
 -07/20/99--01078--001  
 \*\*\*\*900.00 \*\*\*\*300.00

DOCUMENT # **P94 000078693**

1. Corporation Name  
**7 TILL LATE, INC.**

Principal Place of Business Mailing Address

**4575 SHERIDAN ST. 4575 SHERIDAN ST.  
 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021**

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

**REINSTATEMENT 98-99**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>OCTOBER 26, 1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0529805</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MRUDULA PATEL	1561 NE 103 ST.	MIAMI SHORES, FL. 33138
ST	HEMU PATEL	1561 NE 103 ST.	MIAMI SHORES, FL. 33138

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
<b>KISHOR PATEL                  1561 NE 103 ST.                  MIAMI SHORES, FL 33138</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State <b>FL</b>	Zip Code

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]* (Secretary) REGISTERED AGENT MUST SIGN Date: **05/20/99**

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]* **HEMU J. PATEL** Date: **05/20/99** Daytime Phone #: **305-852-2351**

CPREDA (12/98)