			)	DA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Corporations			FILE	D		
DOCUMENT # P94000078693						00 DEC -7 AH 8: 57				-
1. Corporation Name <b>7 TILL LATE, INC.</b>						DU DEC F INT STATE				
						SECRETARY OF STATE TAULAHASSEE. FLORIDA				
Principal Place of Business Mailing Addr					- 	i A lank dink tank taki taki	ORINL IOCOL ADRIO RINAR (			
4575 SHERIDAN STREET HOLLYWOOD FL 33021			4575 SHERIDAN STREET HOLLYWOOD FL 33021							
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If above addresses are incorrect in any way, line through incorrect information and enter correction below     2. New Principal Office Address, If Applicable   3. New Mailing Office Address, If Applicable						4. Date Incorp To Do Busir	orated or Qualified tess in Florida	10/26/1994		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State			City & State			6. \$8.75 Additional Fee required				
Zip			Zip Country			CERTIFICATE OF STATUS DESIRED for a Certificate of Statu				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Name of Officers   Street Address of Each     Title(s)   City / State / Zip										
1 P	2 3			3	561 N.E. 103RD ST.		4 MIAMI SHORES F		;	
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ST	PATEL, HEMU 1561 N.E			1561 N.E. 103RC	) ST.	MIAMI SHORES F	L 33138		9.3 si 9.3 si 1.3 si 1.3 si	
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				:	<b>•</b> • • • • •					
8. Name and Address of Current Registered Agent 9. Name and Address Name and Address Name								tered Agent		EC040 (8/00)
PATEL, KISHOR 1561 N.E. 103RD ST.						ss (P.O. Box Number is Not Acceptable)				
MIAMI SHORES FL-33138-					Suite, Apt#,.Etc	<u> </u>				CR CR
City								State Zip Code	<del>)</del>	
10. I, being Signature of	10	e registered agent of the abo	ve named corpo	pration, am familiar wi	ith and accept the o	obligations of Secti らいてう	ion 607.0505, F.S. Date <u>DC-</u>	11- 200	$n\mathcal{O}$	
Registered	Agen _ TA	RE	GISTERED AG	ENT MUST SIGN			Date (/(X <sup>+</sup>	<u>/6</u> 21		
11. 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 corporati	on have been paid and the r rue and accurate, and my sig	ames of individ	uals listed on this for	m do not qualify for	an exemption und				
MIAMI SHORES FL 33138- Suite, Apt. #. Etc. City State Zip Code   10. 1, 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 Date DL/L/G-2000   10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date DL/L/G-2000   11. Loerlify 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 cath.   SIGNATURE: SIGNATURE COLLARE PRECEDING PRINTED NAME OF SIGNING OFFICER ONDIRECTOR 10 16 2000 (954) 986-9184										
SIGNATURE: MRUDULARE PRETECT REPRESIDENT 10/16/2000 (954) 98-9184 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										
	SI	GNATURE AND TYPED OR PRI	NIED NAME OF S	SIGNING OFFICER OR	DIRECTOR		- Date	➤ Daytime Phone	#	A Contraction of the second
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