

FILED

00 DEC -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

50

1. Corporation Name

7 TILL LATE, INC.

Principal Place of Business
4575 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
4575 SHERIDAN STREET
HOLLYWOOD FL 33021

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip	Country
-----	---------

Zip	Country
-----	---------

4. Date Incorporated or Qualified To Do Business in Florida

10/26/1994

5. FEI Number

65-0529805

2	Applied For
---	-------------

~~4~~ Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐ **\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer, and/or Director 3	City / State / Zip 4
P	PATEL, MRUDULA	1561 N.E. 103RD ST.	MIAMI SHORES FL 33138
ST	PATEL, HEMU	1561 N.E. 103RD ST.	MIAMI SHORES FL 33138
			200803514982-6 -12/27/00--01082--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PATEL, KISHOR
1561 N.E. 103RD ST.
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date Oct-16-2000

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0022749 AF