## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000079839
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1. Corporation Name

90 CORP.

Principal Place of Business

Mailing Address

5410 NORTH BAY RD. MIAMI BEACH FL 33140 5410 NORTH BAY RD. MIAMI BEACH FL 33140 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addresses are	incorrect in any way, line t									
New Principal Office Address, If Applicable     3. New Mail				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 10/31/1994				
Suite, Apt. #, etc. Suite, Apt. #							Applied For				
City & StateCity & State						PE-0500067			Not Applicable		
Zip Country Zip			Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprol	fit corporation	ons must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
DP ·	BOSA, JOHN 2405 MAGNOLIA DI				scayne B	YNE BAY DR. NORTH MIAMI FL 33181					
DST	KUMEROW, ERIC			5307 SW 11/45 Terrace			<u>te</u>	tong grove il 60047 FT LAUDETOPIE, FL 33328			
DV	FERRARI, CHRISTINE M			5728 PINE TREE DR 5410 NORTH BAY ROAD				MIAMI BEACH FL 33139			
							, <sub>e</sub>		aCT4.41	- <del></del>	
<u> </u>								-01717702010 *****150.00	105-		
			* · y			· <del></del> .					
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
- The state of the						Name MARK-A-TOBIN					
LEWIS, HAROLD L STE. 366, ONE BISCAYNE TOWER							Address (P.O. Box Number is Not Acceptable) 203 SW 13 STIZET				
		CAYNE BLVD.	- <del></del> .			Suite, Apt. #, Etc.	<del>i</del>		===		
MIAMI	FL 33131		1	7		City MIAM	Ĭ	State FL	<b>z</b> a ç	0511	
10. I, being	g appointed th	e registered agent of the al	oya named fore	oration, am t	familiar with	and accept the ob	bligations of Sect	ion 607.0505, F.S.			
<u> </u>					וד וו פיי			10//2	là	١,	
Signature of Registered			REGISTERED AG			RED		Date // C)	<u> </u>		
this rein	nstatement ap	plication, the reason for dis	solution has been	eliminated,	the corpora	ite name satisfies	the requirements	apter 607 or 617, F.S. I further ce of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. The	1, F.S	., that all fees	

**SIGNATURE:** 

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-18-01

## 90 Corporation 5410 North Bay Road Miami Beach, Florida 33140

December 21, 2001

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re:

FEI Number 65-0529967 - 90 Corporation

Ref. Number P94000079839

To whom it may concern:

As an Officer of the above corporation please accept the attached reinstatement application with all signatures required to reinstate the corporation.

The corporation is requesting the \$600 reinstatement fee be waived due to non receipt of Uniform Business Report notices. The corporation has had no other late renewals on previous reports.

If you have any questions concerning this letter, please call (305)868-5410. Thank you for your consideration and understanding.

Sincerely,

Christine Ferrari 90 Corporation

**Attachments**