

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 FEB 13 AM 8:33

DOCUMENT # **P95000038900**

1. Corporation Name
WE ARE - ARE YOU CORPORATION

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 400002433164-3
 -02/17/98--01090--001
 ****750.00 ****750.00
 400002433164-3
 -02/17/98--01090--001
 ****750.00 ****750.00

Principal Place of Business Mailing Address
3624 GEORGIA AVENUE 3624 GEORGIA AVENUE
W PALM BEACH FL 33405 W PALM BEACH FL 33405

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 **05/16/1995**
 5. FEI Number **65-0588461** Applied For 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)

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
PD	WALL, KATHRYN A	730 BISCAYNE DRIVE	W PALM BEACH FL 33401
TD	HAYNES, LORI	734 BISCAYNE DRIVE	W PALM BEACH FL 33401
SD	ALONSO, ALINA	730 BISCAYNE DRIVE	W PALM BEACH FL 33401
D	WALL, KATHRYN A	730 BISCAYNE DRIVE	W PALM BEACH FL 33401

REINSTATEMENT 97-98
A. Allen
 2/13/98

8. Name and Address of Current Registered Agent
JAKABCIN, KATHRYN M
1325 SO. CONGRESS AVE.
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent
 Name **KATHRYN WALL**
 Street Address (P.O. Box Number is Not Acceptable) **730 BISCAYNE DRIVE**
 Suite, Apt. #, Etc.
 City **WEST PALM BEACH** State **FL** Zip Code **33401**

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 *Kathryn Wall* Date **12/26/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *Kathryn Wall* **KATHRYN WALL** 12/26/97 561-832-9934
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)