

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 MAR 10 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000046381

1. Corporation Name

ALICIA M. FERRI, INC.

Principal Place of Business

Mailing Address

~~5301 N. FEDERAL HWY
SUITE 240
BOCA RATON, FL 33484~~

SAME AS listed
Below

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

2. New Principal Office Address, If Applicable

5119 OAK HILL RD

3. New Mailing Office Address, If Applicable

5119 OAK HILL RD.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33484

Country

U.S.A.

Zip

33484

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

June 12, 1995

5. FEI Number

65-0593129

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)

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, V, S, T, D	Alicia M. FERRI	5119 OAK HILL RD	DeLray Beach, FL, 33484

800002110269-5
-03/11/97--01118--001
***923.75 ***923.75

8. Name and Address of Current Registered Agent

Alicia M. FERRI
~~5301 N. FEDERAL HWY
SUITE 240
BOCA RATON, FL 33484~~

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5119 OAK HILL RD
Suite, Apt. #, Etc.
City
DELRAY BEACH
State
FL
Zip Code
33484

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

3/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97(561) 265-3593

Date

Daytime Phone #

CR20040 (12/96)