

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

98 DEC 14 AM 11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058751**

1. Corporation Name
EMPIRE ASSOCIATES, INC.

Principal Place of Business 8305 S.W. 160TH STREET MIAMI FL 33157	Mailing Address 8305 S.W. 160TH STREET MIAMI FL 33157
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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 13421 S.W. 69th Ct Suite, Apt. #, etc. Miami, FL. City & State	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida 07/31/1995
5. FEI Number 65-0611774	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PSD	COFIELD, STACY	8305 S.W. 160TH STREET 13421 S.W. 69th Ct	MIAMI FL 33157 33156

REINSTATEMENT *make 12/17/98*

700002719427--6
 -12/22/98-01076-030
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent SCHREIBER, DARRYL S 5600 SHERIDAN STREET HOLLYWOOD FL 33021	9. Name and Address of New Registered Agent Name: 700002719427--6 Street Address (P.O. Box Number is Not Acceptable): 12/22/98-01076-030 Suite, Apt. #, Etc.: ***150.00 ***150.00 City: State: FL Zip Code:
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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: *[Signature]* **SIGNATURE REQUIRED** Date: _____
 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: *[Signature]* **SIGNATURE REQUIRED** Date: *April 28 1998* Daytime Phone # _____
 SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORE040 (8/97)