

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065397

1. Corporation Name

EDUARDO ANTONACCI & ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

1075 NE 99TH STREET
MIAMI SHORES FL 33138-2638

1075 NE 99TH STREET
MIAMI SHORES FL 33138-2638

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

2. New Principal Office Address, If Applicable

4100 NE 2nd Ave

3. New Mailing Office Address, If Applicable

4100 NE 2nd Ave

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

MIAMI DADE

Zip

33137

Country

MIAMI DADE

REINSTATEMENT

99



4. Date Incorporated or Qualified To Do Business in Florida

08/05/1996

5. FEI Number

65-0692325

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
PSTD	ANTONACCI, EDUARDO	1075 NE 99TH STREET	MIAMI SHORES FL 33138

400003087654--0
-01/04/00--01068--013
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANTONACCI, EDUARDO
1075 NE 99TH STREET
MIAMI SHORES FL 33138-2638

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

Eduardo Antonacci
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12.21.99

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:

Eduardo Antonacci
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.21.99

Daytime Phone #

305.571.35

KE