

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 9/1/98
REINSTATEMENT



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

APPROVED
AND
FILED

1998 MAR -2 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000070012

1. Corporation Name

AUSTRALIAN CENTER, INC

Principal Place of Business

Mailing Address

2624 AUSTRALIAN AVE
W.P.B. FL 33407

400002446094--7
-03/03/98--01099--001
****750.00 ****750.00

400002446094--7
-03/03/98--01099--002
****158.75 ****158.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
P.	JOHN A. HAMATI	4420 CAMROSE LN	W.P.B. FL 33417
VP	MICHELIVE YALLOUB	2624 AUSTRALIAN AVE 9443 BLOOMFIELD DR	P.B.G. FL 33416

REINSTATEMENT

97-08-18/98
3/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEFFREY KNGEN
1400 CENTRE PARK Blvd.
SUITE 1000
West Palm Beach, FL 33401.

Name

JOHN A. HAMATI

Street Address (P.O. Box Number is Not Acceptable)

4420 CAMROSE LN

Suite, Apt. # Etc.

City

W.P.B.

State
FL

Zip Code
33417

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

John A. Hamati

REGISTERED AGENT MUST SIGN

Date 2/12/98

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)(j), 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:

JOHN A. HAMATI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/98
Date

561 6895870
Daytime Phone #