

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

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 N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 08-22-96	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		5. FEI Number 65-0690639	
City & State N/A		City & State N/A		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P.	JOHN A. HAMATI	4420 CAMROSE LN	W.P.B. FL 33417
VP	MICHELIVE YAALOUS	2624 AUSTRALIAN AVE 9443 BLOOMFIELD DR	P.B.G. FL 33416

REINSTATEMENT 07-08-98 3/12/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JEFFREY KNIGEN 1400 CENTREPARK 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. W.P.B. 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 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)(f), 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 Hamati* 2/12/98 561 6895870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOHN A. HAMATI

CR2E040 (1/98)