

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

9908

FILED
 99 DEC 15 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000074765**

1. Corporation Name
A & S APARTMENTS, INC.

Principal Place of Business Mailing Address
~~1440 TABESUA LANE~~ ~~MIAMI LAKES FL 33014~~
1440 TABESUA LANE
MIAMI LAKES FL 33014



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 09/04/1996	
Suite, Apt. #, etc. 7406 BIG CYPRESS DR		Suite, Apt. #, etc. ← SAME AS		5. FEI Number NOT APPLICABLE	
City & State MIAMI LAKES		City & State		Applied For Not Applicable	
Zip 33014	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Add'l Bond 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	4 City / State / Zip
PSTD	RAGNO, ANTHONY	1440 TABESUA LANE 7406 BIG CYPRESS DR	MIAMI LAKES FL 33014
VD	RAGNO, SUZANNE	1440 TABESUA LANE 7406 BIG CYPRESS DR	MIAMI LAKES FL 33014

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARACINI, MICHELE A 20000 BIGGAYNE BOULEVARD SUITE 200 AVENTURA FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) 1230 N.E. 91ST TERRACE Suite, Apt. #, Etc. City MIAMI SHORES State FL Zip Code 33138	

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: *Michele A. Maracini* **REQUIRED** Date: Dec 11, 1999
 REGISTERED AGENT MUST SIGN

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: *Anthony Ragno* **REQUIRED** Date: 12-11-99 Daytime Phone #: 305-558-3793
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)

2

To whom it may concern:

12-11-99.

I would like you to consider my request to waive this reinstatement fee. We moved from our previous address of 1440 Tabebuia Lane Jan 1999. We never received our annual report form. I would appreciate your approval of this request because our funds, at this time, are very limited.

Thank you
Most sincerely,
Anthony Ragno