

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

~~APPLICATION FOR REINSTATEMENT~~



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

FILED

01 NOV -5 PM 2: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088659

1. Corporation Name

76TH STREET CORP.

Principal Place of Business

Mailing Address

6150 SW 76 STREET  
SO MIAMI FL 33143

6150 SW 76 STREET  
SO MIAMI FL 33143

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

10/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0707644

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
D	BYRNE, THOMAS E	6150 SW 76 STREET	SO MIAMI FL 33143

900004698169--3  
-11/29/01--01045--018  
\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BYRNE, THOMAS E  
6150 SW 76 STREET  
SO MIAMI FL 33143

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01 305-666-8686

CR2E040 (8/01)

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October 29, 2001

Re: 76<sup>th</sup> Street Corp.

To Whom It May Concern:

I am a total loser for not paying attention to my corporate records and not paying my annual dues. I would never, however, disregard a mailing from the Department of State. I pay all my bills promptly and did not receive my billing.

Please consider allowing me to pay my \$150.00 now. I am hard pressed to come up with \$750.00 at this time.

Thank you,

Tom Byrne

A handwritten signature in black ink, appearing to read "Tom Byrne", is written below a horizontal line.