

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 NOV 28 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P97000033854

1. Corporation Name  
Seventeen Forty Five, Inc.

W-2903

2. Principal Office Address  
19495 Biscayne Blvd.

3. Mailing Office Address  
19495 Biscayne Blvd.

Suite, Apt. # etc.  
800

Suite, Apt. #, etc.  
800

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country USA  
33180 USA

Zip Country USA  
33180 USA

REINSTATEMENT 09-80

4. Date Incorporated or Qualified To Do Business in Florida 4/15/1997

5. FEI Number  
650765883

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Corporate Access, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
236 E 6th Avenue

Suite, Apt. #, Etc.

City  
Tallahassee

State FL Zip Code 32303

400003487 34--6  
-12/05/00--0070--016  
\*\*\*908.75 \*\*\*908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Dary Bennett*  
REGISTERED AGENT MUST SIGN

Date

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joseph Delaney	19495 Biscayne Blvd. #800	Miami, Florida 33180

10. 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)(b), 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.932.9899  
Daytime Phone #

KE