

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Harris
Division of Corporations

FILED

99 NOV 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043531

1. Corporation Name

524 CORPORATION

Principal Place of Business

2702 THOMAS STREET
HOLLYWOOD FL 33020

Mailing Address

2702 THOMAS STREET
HOLLYWOOD FL 33020

If business addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date first incorporated or qualified to do business in Florida

05/14/1998

5. FEI Number

593565057

Applied For

Not Applicable

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
PTD	BELLO, CELSO	2702 THOMAS STREET 4122 W. Comanche Ave	HOLLYWOOD FL 33020
SDV	LUEDECKENS, MARIA	2702 THOMAS STREET	HOLLYWOOD FL 33020 Tampa, FL 33614
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name: Celso O. Bello
Street Address (P.O. Box Number is Not Acceptable): 4122 W. Comanche Ave
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33614

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.

Signed: Celso O. Bello
REGISTERED AGENT MUST SIGN

Date: 11/16/99

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:

Maria B. Lueddeckens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/99 813 886-4916
Date Daytime Phone #

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07/21/2006

STATE OF FLORIDA REINSTATEMENT

STATE OF FLORIDA, PELLER, S24 CORP

DEPT NO. FIDM-ST-0198000015531

DATE RECEIVED 07/21/2006

COMMITTEE MAY CONCERN:

I RECEIVED MY ANNUAL REPORT AND WAS SENT BACK WITH
THE PAYMENT AND DONE TIMELY. I CALLED YOUR DEPT
AND WAS TOLD THAT MY ANNUAL REPORT WAS
RECEIVED AND OF THE NUMBER. YET, AS OF THIS DATE
I HAVE NEVER RECEIVED THE REPORT BACK. I WAS
INSTRUCTED BY YOUR OFFICE TO RETURN THE APPLICATION
FOR REINSTATEMENT COMPLETED AND REQUEST AND I NOT
BE CHARGED FOR THE ADDITIONAL CHARGES. SINCE I
HAVE RECEIVED THE ANNUAL REPORT THAT WAS
RETURNED.

IF THERE ARE ANY QUESTIONS PLEASE DON'T HESITATE TO
CONTACT ME AT 813 886 4916.