

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049735

1. Corporation Name

3449 JOHNSON STREET, INC.

Principal Place of Business

151 CALLE LARGO
HOLLYWOOD FL 33021

Mailing Address

151 CALLE LARGO
HOLLYWOOD FL 33021

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

New Principal Office Address, If Applicable
3449 Johnson Street
Suite, Apt. #, etc.

New Mailing Office Address, If Applicable
3449 Johnson Street
Suite, Apt. #, etc.

City & State
Hollywood FL
Zip 33021 Country USA

City & State
Hollywood FL
Zip 33021 Country USA



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida
06/01/1998

5. FEI Number
050841362
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	UECKER, RICHARD KEITH	151 CALLE LARGO	HOLLYWOOD FL 33021
D	UECKER, JEFFREY CRAIG	151 CALLE LARGO	HOLLYWOOD FL 33021

900003082049--3
-12/28/99-01060-010
***750.00 ***750.00

8. Name and Address of Current Registered Agent
UECKER, RICHARD KEITH
151 CALLE LARGO
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent
Name: JEFFREY CRAIG UECKER
Street Address (P.O. Box Number is Not Acceptable): 3449 Johnson St.
Suite, Apt. #, Etc.:
City: Hollywood State: FL Zip Code: 33021

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
REGISTERED AGENT MUST SIGN

Date: 11/17/99

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: JEFFREY CRAIG UECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/17/99
Daytime Phone #: (954) 964-4113