

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 28 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000062139

1. Corporation Name

8504, INC.

2. Principal Office Address

8504 East Adamo Drive

Suite, Apt. #, etc.
P

City & State

Tampa, FL

Zip
33614

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-180

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/98

5. FEI Number

59-3538829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Scott Boardman, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1710 East 7th Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

400003245234-0
-05/09/00-01099-034
****225.00 ****225.00
400003245234-0
-05/09/00-01099-035
****225.00 ****225.00

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

Scott Boardman

Date 04/11/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
-P-	Jack Galardi	5718 E. Adamo Drive	Tampa, FL 33619
			400003245234-0 -05/09/00-01099-036 ****225.00 ****225.00
			400003245234-0 -05/09/00-01099-037 ****225.00 ****225.00
			KE

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)(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:

Jack Galardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 813-630-9401

Date

Daytime Phone #

CR2E081 (9/98)