

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P99000019922

1. Corporation Name

Principal Place of Business

Mailing Address

11864 N.W. 55TH ST.
CORAL SPRINGS FL 33076

11864 N.W. 55TH ST.
CORAL SPRINGS FL 33076

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	HAWK, JOHN	900 N.W. 17TH AVE.	BOCA RATON FL 33486
D	LA RUSSO, SCOTT	11864 N.W. 55TH ST.	CORAL SPRINGS FL 33076
D	GORDON, STEVE	7199 N.W. 49TH CT.	LAUDERHILL FL 33319
			100003500411--7 -12/13/00--01104--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTONE, RICHARD ESQ.
2301 W. SAMPLE RD., BLD. 3 STE. 3-A
POMPANO BEACH FL 33073

Name **STEVE GEDEROM.**
Street Address (P.O. Box Number is Not Acceptable)
7199 NW H9 CT
Suite, Apt. #, Etc.

City /

State

Zip Code
33319

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-28-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00 KE