


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

99 JAN -4 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S40501**

1. Corporation Name  
**54561 CORPORATION**

|  |   |
|--|---|
| Principal Place of Business<br>1911 NORTH A ST<br>TAMPA FL 33606 | Mailing Address<br>P.O. BOX 20071<br>TAMPA FL 33622<br>US |
|--|---|

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



**REINSTATEMENT 98**

|  |         |  |         |   |  |
|--|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>03/25/1991</b>  |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br><b>59-3062078</b>  |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>Not Applicable   |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |  |

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|---|
| DP         | BIAS, MARK S                        | 1911 NORTH A ST   | TAMPA FL  |
| V          | WEST. C. P.                         | 1911 NORTH A. STREET  | TAMPA FL  |
|            |                                     |   | 000002737098--2<br>-01/11/99--01133--011<br>***750.00 ***750.00 |
|            |                                     |   |   |
|            |                                     |   |   |
|            |                                     |   |   |

|   |  |  |                             |
|---|--|--|-----------------------------|
| 8. Name and Address of Current Registered Agent<br><b>BIAS, MARK</b><br>1911 NORTH A ST<br>TAMPA FL 33606 |  | 9. Name and Address of New Registered Agent        |                             |
|   |  | Name   |                             |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |                             |
|   |  | Suite, Apt. #, Etc.                                |                             |
|   |  | City   | State<br><b>FL</b> Zip Code |

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: *Mark S. Bias* **NOTARIAL REQUIRED** Date: 12/29/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Mark S. Bias* **NOTARIAL REQUIRED** Date: 12/29/98 Daytime Phone #: 813-875-6233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E940 (8/98)