

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 MAR 10 AM 9:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # s51071

1. Corporation Name **777 Corporation**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable 2450 Tamiami Trail		3. New Mailing Office Address, If Applicable 2450 Tamiami Trail		4. Date Incorporated or Qualified To Do Business in Florida 05/09/91	
Suite, Apt. #, etc. E		Suite, Apt. #, etc. E		5. FEI Number 65-0316126	
City & State Port Charlotte, FL		City & State Port Charlotte, FL		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33952	Country	Zip 33952	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	Richard Thomas	2450 Tamiami Trail, #E	Port Charlotte, FL 33952
V	Salomon Wainberg	2121 Ponce de Leon Blvd. Suite 1100	Coral Gables, FL 33134

REINSTATEMENT 96-97
 U. Alan
 3/10/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Alhambra Registered Agents, Inc. Two Alhambra Plaza, Suite 1202 Coral Gables, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) 600002110846--3 Suite, Apt. #, Etc. -03712797--01027--011 ***1830.00 ***315.00 City State FL 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 By: *Martin J. Genauer* **Martin J. Genauer, Vice President** Date **March 3, 1997**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Richard Thomas* **Richard Thomas, President (941) 743-3532**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #