

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062290

1. Corporation Name S17TPA, CORP.

WDD-5830

Principal Place of Business: 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166
Mailing Address: 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166

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

REINSTATEMENT

97-00

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
6. CERTIFICATE OF STATUS DESIRED [] \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ALAIN M BONVECCHIO	5101 N.W. 79TH. AVENUE	MIAMI, FL. 33166
VP	ALAIN BONVECCHIO C.	5101 N.W. 79TH. AVENUE	MIAMI, FL. 33166
TS	ADOLFO H. BONVECCHIO C.	5101 N.W. 79TH. AVENUE	MIAMI, FL. 33166
SEC	ARIANNE B. BONVECCHIO C.	5101 N.W. 79TH. AVENUE	MIAMI, FL. 33166

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: ALAIN M. BONVECCHIO
Street Address (P.O. Box Number is Not Acceptable): 5101 N.W. 79TH. AVENUE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33166

LS

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: ALAIN M. BONVECCHIO
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [X] 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:

[Handwritten Signature]

ALAIN M. BONVECCHIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #