

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Harris  
Division of Corporations

FILED

99 NOV 29 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043531

1. Corporation Name

524 CORPORATION

Principal Place of Business

Mailing Address

2702 THOMAS STREET  
HOLLYWOOD FL 33020

2702 THOMAS STREET  
HOLLYWOOD FL 33020



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

2. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date first filed or Qualified to do Business in Florida

Suite, Apt #, etc

Suite, Apt #, etc.

05/14/1998

City & State

City & State

5. FEI Number

Applied For

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	BELLO, CELSO	<del>2702 THOMAS STREET</del> 4122 W. Comanche Ave	HOLLYWOOD FL 33020
SDV	LUEDECKENS, MARIA	2702 THOMAS STREET	HOLLYWOOD FL 33020 Tampa, FL 33614
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name: Celso O. Bello  
Street Address (P.O. Box Number is Not Acceptable): 4122 W. Comanche Ave  
Suite, Apt. #, Etc.:  
City: Tampa State: FL Zip Code: 33614

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: Celso O Bello  
REGISTERED AGENT MUST SIGN

Date: 11/16/99

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: Maria B Lueddeckens 11/16/99 813 886-4916  
Date: 11/16/99 Daytime Phone #: 813 886-4916

CR2ED00 (8/99)

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STATE OF FLORIDA REINSTATEMENT

STATE OF FLORIDA, PELLUC, S24 CORP

REGISTRATION NUMBER: 198501001531  
REGISTRATION NUMBER: 198501001531

COMMISSIONER OF REVENUE:

I RECEIVED MY ANNUAL REPORT AND WAS SENT BACK WITH  
THE PAYMENT DONE TIMELY. I CALLED YOUR DEPT  
AND WAS ADVISED THAT MY ANNUAL REPORT WAS  
RECEIVED AND MY ID NUMBER. YET, AS OF THIS DATE  
I HAVE NEVER RECEIVED THE REPORT BACK. I WAS  
INFORMED BY YOUR OFFICE TO RETURN THE APPLICATION  
FOR REINSTATEMENT COMPLETED AND REQUEST AND I NOT  
BE CHARGED FOR THE ADDITIONAL CHARGES. SINCE I  
NEVER RECEIVED THE ANNUAL REPORT THAT WAS  
RETURNED.

IF THERE ARE ANY QUESTIONS PLEASE DON'T HESITATE TO  
CONTACT ME AT 813 886 4916.