

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPROVED AND FILED**

96 NOV - 1 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **316977**

1. Corporation Name

**DADE GARDENS MANAGEMENT INC.**

Principal Place of Business

Mailing Address

1111 LINCOLN RD., STE 600  
MIAMI BEACH FL 33139

1111 LINCOLN RD., STE 600  
MIAMI BEACH FL 33139



**REINSTATEMENT 96 CD**

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

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1187517

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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 |
|------------|-------------------------------------|---|----------------------|
| PD         | ROSE JR, LEO                        | 1111 LINCOLN ROAD   | MIAMI BEACH FL       |
| D          | LAZAROW, WILLIAM W.                 | 119 WEST 57TH STREET  | NEW YORK NY          |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

900001997449--3  
-11/06/96--01032--010  
###375.00 ###375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE JR., LEO, ESQUIRE  
1111 LINCOLN ROAD  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Leo Rose Jr.*  
**SIGNATURE REQUIRED**

Date *Oct 22, 1996*

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)(f), 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:

*Leo Rose Jr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

*LEO ROSE JR*