PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STAIL TIVISION OF CORPORATIONS OO JUL 21 PM 12: 24
DOCUMENT # - 1. Corporation Name Miami Palmetto	4128 Band Patrons Assoc., Inc.	,
2. Principal Office Address 7460 Sw //8 45. Suite, Apt. #, etc.	3. Mailing Office Address 13025 SW 83vd C+ Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 8/31/78
Miani, FL Zip Country USA	Miami, FL Zip Country 33158 USA	5. FEI Number 59 - 1846280 Applied For Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Presa Street Address (P.O. Box Number is 30,25 S u Suite, Apt. #, Etc. City C) 83rd Ct	6000033440169 -08/02/0001064017 *****297.50 ****297.50
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 62.3/00 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer Titles	and/or Director (Florida nonprofit corporations must list at leaders of Each Officer and/or Director	City / State / Zip
VP Phyllis Goldby	rg (D) 12351 5W715+C	+. Miani, FL 33158 +. Miani, FL 33156
VP Edie Blair IP Janis Back	(D) 15825 SW 8847 7878 SW 1464	Ct. Mani FL 33157 St. Miani FL 33158
Sec Mary Pherson Treas. Theresa Givou	0x 13725 SW 83rd	Ost. Miani, FL 33157 Ct. Miani, FL 33158
10. 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: SIGNATURE: SIGNATURE:		
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #