

APPLICATION FOR REINSTATEMENT FOR NON-PROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED 600002020756--3

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 757140**

**MIDTOWN PLAZA,
 4125 Laguna Street
 Coral Gables, Florida 33146**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address **2828 Coral Way**

Address **Penthouse Suite**

City and State **Miami, Florida**

Zip Code **33145**

3. Date incorporated or Qualified To Do Business in Florida **4/16/81**

4. FEI Number **13-3065249**

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D, P	Jorge M. Perez	2828 Coral Way, PH Suite	Miami, FL 33145
D, V	Andrew Chesnick	2828 Coral Way, PH Suite	Miami, FL 33145
D, S	Angel Hernandez	2828 Coral Way, PH Suite	Miami, FL 33145

FILED
 DEC -5 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 95 96

[Handwritten Signature]

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
 For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

Name _____
 Street Address (Do NOT Use P.O. Box Number) _____
 2828 Coral Way
 Street Address (Do NOT Use P.O. Box Number) _____
 Penthouse Suite
 City and State **Miami FL** Zip Code **33145**

8. Name and Address of Current Registered Agent

**Jorge M. Perez
 4125 Laguna Street
 Coral Gables, FL 33146**

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605, F.S.
 Signature of Registered Agent Jorge M. Perez REGISTERED AGENT MUST SIGN Date 12/4/96

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Jorge M. Perez Date 12/4/96 Phone # (305) 460-9900
 Typed or printed name of signing officer or director Jorge M. Perez, President

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

SEAL OF THE
 DEPARTMENT OF
 STATE

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



PRINCIPAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 176665 4311473

AUTHORIZATION :

Patricia Project

COST LIMIT : \$ 297.50

ORDER DATE : December 5, 1996

ORDER TIME : 10:02 AM

ORDER NO. : 176665-005

CUSTOMER NO: 4311473

CUSTOMER: Marcia Cox, Legal Assistant
Stearns Weaver Miller Weissler
Museum Tower, Suite 2200
150 West Flagler Street
Miami, FL 33130

DOMESTIC FILINGS

NAME: MIDTOWN PLAZA, INC.

RECEIVED
DEC 5 11:27 AM '96

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS _____