

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 23 PH 1:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *K99530*

1. Corporation Name

BILTMORE CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

*1024 SW 136 ST
 Miami, Fla 33176*

*1024 SW 136 ST
 Miami, Fla 33176*

REINSTATEMENT *02-98*

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

7/3/89

*2307 Douglas Road
 Suite, Apt. #, etc.
 400*

*2307 Douglas Road
 Suite, Apt. #, etc.
 400*

5. FEI Number

65-0129619

Applied For

Not Applicable

City & State

Miami Fla

City & State

Miami Fla

Zip

33145

County

Dade

Zip

33145

County

Dade

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	2	3	4
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
<i>D/p</i>	<i>CLIVE KABATZNIK</i>	<i>1024 SW 136 ST</i>	<i>MIAMI, FLA 33176</i>
<i>S</i>	<i>IDA C OVIES</i>	<i>2307 Douglas Rd # 400</i>	<i>MIAMI, FLA 33145</i>

~~300002698673~~ 4
~~12/01/98-01034-014~~
 ***1658.75 ***1658.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*CLIVE KABATZNIK
 1024 SW 136 ST
 MIAMI, FLA 33176*

Name *IDA C OVIES*
 Street Address (P.O. Box Number is Not Acceptable) *2307 Douglas Road*
 Suite, Apt. #, Etc. *400*
 City *MIAMI* State **FL** Zip Code *33145*

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

Ida C Ovies

REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(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:

Ida C Ovies

Secretary

11/19/98

305 447 8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (1/98)