


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99530**

1. Corporation Name
BILTMORE CAPITAL GROUP, INC.

Principal Place of Business 2307 DOUGLAS ROAD #400 MIAMI FL 33145	Mailing Address 2307 DOUGLAS ROAD #400 MIAMI FL 33145
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/03/1989	
5. FEI Number 65-0129619	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
DP	KABATZNIK, CLIVE	10241 SW 138TH STREET 3270 St <i>Charles Way</i>	MIAMI FL 33178 <i>BoCA Rmow</i> <i>FL 33484</i>
S	OVIES, IDA C	2307 DOUGLAS ROAD, #400	MIAMI FL 33145

REINSTATEMENT **00**

700003449087-3
11/02/00-01078-009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

**OVIES, IDA C
2307 DOUGLAS ROAD
#400
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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 **SIGNATURE REQUIRED** Date **10/17/00**
REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED** Date **10/16/00** Daytime Phone # **861-479-0040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)