

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P 94000022038

1 Corporation Name

LAUDERDALE RIVIERA ASSOCIATES, INCL.

FILED

97 MAY 27 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 505 N. Atlantic Blvd.		3. New Mailing Office Address, If Applicable 505 N. Atlantic Blvd.		4. Date Incorporated or Qualified To Do Business in Florida March 18, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-047 8066	
City & State Ft. Lauderdale, Florida		City & State Ft. Lauderdale, Florida		Applied For Not Applicable	
Zip 33304	Country US	Zip 33304	Country US	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$675 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Patrick J. Flavin	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
VP/D	John P. Day	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
S/D	Laurence A. Maurer	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	400002196684---7 -05/30/97-01103-008 ***1080.00 ***1080.00
D	Bob Gill	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
D	Ray Bowden	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert M. Bulfin 2826 B. Oakland Park Blvd. Ft. Lauderdale, FL 33307		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: Robert M. Bulfin Date: 5/21/97
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)(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: LAURENCE A. MAURER Laurence A. Maurer 5/21/97 (954) 565-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)