

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



AND FILED
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DOCUMENT # PA1005022038
 1. Corporation Name
LAUDEROME RIVERA ASSOCIATES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10002691931--5
 -11/19/98--01087--016
 2287.00 *750.00

Principal Place of Business Mailing Address
505 N. ATLANTIC BLVD
FT. LAUDEROME, FL 33304

REINSTATEMENT *B*

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 3/18/94
 5. FEI NUMBER 65-0478066 Applied For
 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED

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
PD	FLAVIN, Patrick J	505 N. ATLANTIC BLVD	FT. LAUDEROME, FL 33304
VPD	DAY, John P.	505 N. ATLANTIC BLVD.	FT. LAUDEROME, FL-33304
D	MAURER, LAURENCE A	505 N. ATLANTIC BLVD.	FT. LAUDEROME, FL 33304
D	GILL, BOB	505 N. ATLANTIC BLVD	FT. LAUDEROME, FL 33304
D	BOWDEN, RAY	505 N. ATLANTIC Blvd	FT. LAUDEROME, FL 33304

8. Name and Address of Current Registered Agent
BULFIN, ROBERT M.
2826 E. Oakland Park Blvd.
Fort Lauderdale, FL 33307

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 33306

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.
 Signature of Registered Agent Robert M. Bulfin Date 11/16/98
 REGISTERED AGENT MUST SIGN

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.
LAURENCE A. MAURER
 SIGNATURE: [Signature] Date 11/11/98 (954) 564-1471
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #