

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**
1996 NOV 27 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500024115
1. Corporation Name
BLOUGH ACRES, INC

Principal Place of Business	Mailing Address
2000 S. Dixie Highway Suite 200 Miami, FL 33133	2000 S. Dixie Highway Suite 200 Miami, FL 33133

REINSTATEMENT *filed 11/21/96*

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 Address, if Applicable
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified To Do Business in Florida
March 27, 1995

5. FBI Number
64-0859774

Applied For Not Applicable

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
D	BARBARA BLOUGH	607 North Street	Brandon, MS 39042

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Neal S. Litman 2000 S. Dixie Highway Suite 200 Miami, Florida 33133	Name Street Address (P.O. Box Number is Not Acceptable) State, Apt. #, Etc. City

10. 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 *[Signature]* Date *11/26/96*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(c) in the event that the information supplied is deemed exempt from public access. I further 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: *[Signature]* *11/26/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR