

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 APR 23 PM 12:06

Head Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P950000263666**
 428-30 Holding, Inc.
 2665 So. Bayshore Drive
 Suite M-103
 Coconut Grove, FL 33133

2. If Address in Application is incorrect in any way, enter the correct address below:
c/o Atlas, Pearlman, Trop & Borkson

Address
200 E Las Olas Blvd., Suite 1900
 City and State Zip Code
Ft. Lauderdale, FL 33301

3. If Principle Office Address is different from mailing address, enter address below:

Address
c/o Atlas, Pearlman, Trop & Borkson
200 E Las Olas Blvd., Suite 1900
 City and State Zip Code
Ft. Lauderdale, FL 33301

4. Date Incorporated or Qualified To Do Business in Florida
April 3, 1995

5. FEI Number

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

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	Robert Barry Tillman	200 E Las Olas Blvd., # 1900	Ft. Lauderdale, FL 33301
P	Robert Barry Tillman	200 E Las Olas Blvd., # 1900	Ft. Lauderdale, FL 33301

REINSTATEMENT 00-07

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 ***915.00 ***915.00

JB4-25-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Robert Dixon
 So. Bayshore Drive
 Suite M-103
 Coconut Grove, FL 33133

9. If changed, new registered agent / office

Name
Robert Barry Tillman
 Street Address (Do NOT Use P.O. Box Number)
c/o Atlas, Pearlman, Trop & Borkson, P.A.
200 E Las Olas Blvd., Suite 1900
 Street Address (Do NOT Use P.O. Box Number)
 City State Zip
Ft. Lauderdale FL 33301

10. 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 Barry Tillman* REGISTERED AGENT MUST SIGN

Date 4/21/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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., 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 of Officer or Director *Robert Barry Tillman* Date 4/21/97 Daytime Phone # 954 563 1417

Typed or printed name of signing officer or director Robert Tillman President