
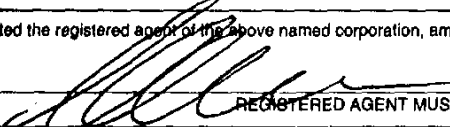



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> 97 MAY -1 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P95000038773 1. Corporation Name 1611 EUCLID AVENUE, INC.		Principal Place of Business 503 12TH ST. SUITE 5 MIAMI BEACH, FLA. 33139	
Mailing Address 503 12TH ST SUITE 5 MIAMI BEACH FLA. 33139			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 5/16/95		5. FEI Number 65-0606633	
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	2	3	4
D	MALORY KAUDERER	503 12TH ST. SUITE 5 MIAMI BEACH FLA. 33139	MIAMI BEACH FLA. 33139
600002173266--8 -05/09/97--01097--006 ****\$15.00 ****\$15.00			
8. Name and Address of Current Registered Agent REGENTS PARK PROPERTY, INC. 503 12TH ST. SUITE 5 MIAMI BEACH, FLA. 33139		9. Name and Address of New Registered Agent 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  REGISTERED AGENT MUST SIGN Date 4/25/97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: 		MALORY KAUDERER 4/25/97 305-532-1975 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CPRE040 (1/2/95)