

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 18 AM 8:53

DOCUMENT # P99000089792
 1. Corporation Name
 1569 EUCLID ASSOCIATES, INC.

Principal Place of Business Mailing Address
 2498 PRAIRIE AVE 2498 PRAIRIE AVE
 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140



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	10/12/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	65-0954250	Not Applicable
Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PSD	2 LIFSCHULTZ, DAVID	3 2498 PRAIRIE AVE	4 MIAMI BEACH FL 33140

900003447769--6
 -11/01/00--01113--002
 *****150.00 *****150.00

DAVID

8. Name and Address of Current Registered Agent
 LYNN, MARK J
 555 NE 15TH ST
 SUITE 100
 MIAMI FL 33132

9. Name and Address of New Registered Agent
 Name DAVID LIFSCHULTZ
 Street Address (P.O. Box Number is Not Acceptable) 2498 PRAIRIE AVENUE
 Suite, Apt. #, Etc.
 City MIAMI BEACH State FL Zip Code 33140

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 *[Signature]* NATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10-16-2000

11. 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: *[Signature]* NATURE REQUIRED DAVID LIFSCHULTZ / 10-16-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)


1569 Euclid Associates, Inc.
2498 Prairie Avenue
Miami Beach, Florida 33140

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Please be advised that we never received the Corporate Annual Report form and therefore was not filed.

Thank you for your kind attention to this matter.



DAVID LIFSHULTZ, President