

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB -2 PM 1:43

DOCUMENT # P99000105330

1. Corporation Name
MIAMI RIVER ASSOCIATES, INC

2. Principal Office Address
155 S. MIAMI AVE

3. Mailing Office Address

Suite, Apt. #, etc.
PH II A

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip Country
33130 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
12/16/99

5. FEI Number
65-1069067
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BARRY BLAYBERG, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
25 SE 2ND AVE
Suite, Apt. #, Etc.
SUITE 730
City
MIAMI
State
FL
Zip Code
33131
200003622652-8
-02/01/01--01039-004
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN
Date 1/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DANIEL SIRLIN	155 S. MIAMI AVE	MIAMI, FL 33130
VP	JEFF KRINSKY	155 S. MIAMI AVE	MIAMI, FL 33130

10. 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] PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/16/01
Daytime Phone # 305 374 7075

CR2E081 (9/00)