

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

SD5665

1. Corporation Name

CHANCELLOR SHOPPING CENTER, INC.

200003455932--6
-11/07/00--01113--010
****900.00 ****900.00

99-00

2. Principal Office Address

11601 BISCAYNE BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33181

Country

Miami-Dade

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/90

5. FEI Number

65-0236446

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

LEO GREENFIELD

Street Address (P.O. Box Number is Not Acceptable)

11601 Biscayne Boulevard, #201, Miami, Florida 33181

Suite, Apt. #, Etc.

City

State

FL

Zip Code

33181

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

Leo Greenfield

REGISTERED AGENT MUST SIGN

Date 6/1/00

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
P	BARBARA GREENFIELD	11601 Biscayne Blvd. #201	Miami, FL 33181
VP	HARVIE S. DUVAL	Same as above	
Sec	BARBARA GREENFIELD	Same as above	
VP	LEO GREENFIELD	Same as above	
T	AUDREE DUVAL	Same as above	

AD

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:

Leo Greenfield LEO GREENFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00

Date

305.893-9270

Daytime Phone #

CR2E081 (9/99)