

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S 46935*

Corporation Name

518 41ST STREET, INC.

Principal Place of Business

Mailing Address

*4770 Biscayne Blvd.
Suite 1400
Miami, Fla. 33137*

*4770 Biscayne Blvd.
Suite 1400
Miami, Fla. 33137*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

REINSTATEMENT *93-98*

4. Date incorporated or Qualified To Do Business in Florida

April 19th, 1991

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)	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
<i>Pres.</i>	<i>Merrill I. Lamb</i>	<i>4770 Biscayne Blvd. Suite 1400</i>	<i>Miami, Florida 33137</i>
<i>V.P.</i>	<i>Michael P. Corzoli</i>	<i>4770 Biscayne Blvd. Suite 1400</i>	<i>Miami, Fla. 33137</i>
			<i>5/5/198</i>
			<i>50002513865</i>
			<i>-05/06/98--01096--016</i>
			<i>***1500.75 ***1500.75</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Merrill I. Lamb
4770 Biscayne Blvd.
Suite 1400
Miami, FLA. 33137*

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 *Merrill I. Lamb*
REGISTERED AGENT MUST SIGN

Date *4/27/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Merrill I. Lamb - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98
Date

(850) 576-1922
Daytime Phone #

CPRE040 (1/98)