

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

99 JAN 28 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044381

1. Corporation Name

2129 Corp.

Principal Place of Business

2400 South Dixie Highway
Suite 200
Miami, FL 33133

Mailing Address

2400 South Dixie Hwy.
Suite 200
Miami, FL 33133

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

5/23/96

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

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)

1 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
P/D	Evelyn Greer	2400 South Dixie Highway Suite 200	Miami, FL 33133

REINSTATEMENT

T.B. 1/29/99

98-99

7100002763647--8
-02/09/99--01067--005
****900.00 ****900.00

B. Name and Address of Current Registered Agent

Murai Wald Biondo & Moreno, P.A.
c/o Gerald J. Biondo, Esq.
25 S.E. 2 Avenue
900 Ingraham Building
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Murai Wald Biondo & Moreno, P.A. c/o Gerald J. Biondo, Esq.
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2 Avenue
Suite, Apt. #, Etc
900 Ingraham Building
City
Miami, FL 33131

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]

REGISTERED AGENT MUST SIGN

Date 1/13/99

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)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-854-8989

Date

1/12/99

Daytime Phone #

CP2200 (1-96)