

APPLICATION FOR REINSTATEMENT



DOCUMENT # 226820

1. Corporation Name
FLORIDA COMMUNITY DEVELOPERS CORP

FILED
97 FEB 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2140 N.E. 121 ST. STREET
NORTH MIAMI, FL 33181

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable 40 ISLAND AVE.		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 590944677	
City & State MIAMI BEACH, FL		City & State		Applied For NOT APPLICABLE	
Zip 33139	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
PRES	AARON EDELSTEIN	201 REPUBLIC DRIVE	MIAMI BEACH
SEC	MARGARET EDELSTEIN	40 ISLAND AVE	MIAMI BEACH

600002094396--9
-02/21/97--01080--005
****923.75 ****923.75

REINSTATEMENT *al-edel*
2/15/97

8. Name and Address of Current Registered Agent MARGARET EDELSTEIN 2140 NE 121 ST. STREET NORTH MIAMI, FL 33181		9. Name and Address of New Registered Agent Name: AARON EDELSTEIN Street Address (P.O. Box Number is Not Acceptable): 40 ISLAND AVENUE Suite, Apt. #, Etc.: City: MIAMI BEACH State: FL Zip Code: 33139	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.
Signature of Registered Agent: *al-edel* Date: 2/15/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *al-edel* Date: 2/15/97 Daytime Phone #: 538 4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR