PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
· APPLICATION / AREA F	FLORIDA DEPARTMENT OF STATE	<u>=</u>)	page 192
· V FOR / /	Sandra B. Mortham	,	my for
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	97 FEB I	17
DOCUMENT # 448236		OFADETA	INV ME CTATE
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DAVID AVIDAN, INC. 1996-1997 Annual Report			
Principal Place of Business Mailing Address			A 1411A BILLI BIBLI BIBLI SIBIL BIBLI BYBLI BIBLI 1886
36 NORTHEAST 1ST STREET 36 NORTHEAST 1ST STREET 1009 SEYBOLD BUILDING 1009 SEYBOLD BUILDING			
MIAMI FL 33132 MIAMI FL 93132			å initë Bitt Biflit arëtt Gibit Biflis ziles Atbit 1884.
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified	
169 E. Flagler Street Suite, Apt. #, etc. 169 E. Flagler Street Suite, Apt. #, etc.		To Do Business in Florida	04/24/1974
	uite 1018	5. FEI Number 59-1523	Applied For
Miami, FL M	iami, FL	6.	Not Applicable
Zip Country Zip	Ocuntry 33131 USA	CERTIFICATE OF STATUS DE	S8.75 Additional Lee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Dir	irector (Florida nonprofit corporations must list at k		
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4			
PD AVIDAN, DAVID 36 N.E.16T STREET		MAMI FL-	
169 E. Flagler Stree		l l	
3000020856537			
•		-02/12/9701101014 ****365.00 ****365.00	

•			6
		-	1) in iv
		<i>[].</i> (2-10-97
Name and Address of Current Registered Agent Name Name			w Registered Agent
AVIDAN, DAVID			
36 NORTHEAST FIRST ST., 1009 SEYBOLD BL	(P.O. Box Number is Not Accepta Lagler Street	ble)	
MIAMI FL 33132 Suite, Apt. #, Etc. Suite 101		c	
City		State Zip Code	
M1am1 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 (1) Aid 14			
Registered Agent V Date 2/5/97 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			
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 filling 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 particular is the particular of the particular individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this particular is a production of the particular indicated on the particular indic			
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
- was to the field of			
SIGNATURE: David Avidan 7 2/5/97 305-379-5959 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPLACE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OR			