

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 495670

1. Corporation Name

Rustic Village, Inc.

Principal Place of Business

Mailing Address

4175 El Prado Blvd. Miami, FL 33133

4175 El Prado Blvd. 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

SEP 22 1999

REINSTATEMENT 87-99

4. Date Incorporated or Qualified To Do Business in Florida

5/20/76

5. FEI Number

59-2335177

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, T, S, D	Steven Shere	4175 El Prado Blvd.	Miami, FL 33133

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8. Name and Address of Current Registered Agent

Steven Shere
10410 SW Hammocks Boulevard
Miami, Florida 33196

9. Name and Address of New Registered Agent

Name: Charles P. Sacher
Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Road
Suite, Apt. #, Etc.: 1101
City: Coral Gables
State: FL Zip Code: 33134

SB-22-99

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: Charles P. Sacher
REGISTERED AGENT MUST SIGN

Date: 2/17/99

11. This corporation owes 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: STEVEN SHERE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 Date
305-2704430 Daytime Phone #

CR2508-112-98