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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 595111

CLIFTON APARTMENTS, INC.
2200 S.W. 25th Terrace
Miami, Florida 33133

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address
REINSTATEMENT

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		5.
November 6, 1978	59-1857941	FEI Number Applied For / FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED [X]

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
Pres.	Emilia Cumsille	2200 S.W. 25th Terrace	Miami, Fl. 33133
V.P.	Juan P. Diaz	2200 S.W. 25th Terrace	Miami, Fl. 33133
Sec.	Ana Maria Diaz	2200 S.W. 25th Terrace	Miami, Fl. 33133
			300002007873--6
			-11/19/96--01081--014 ****383.75 ****383.75

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Armando Lacasa
3191 Coral Way, 3rd Floor
Miami, Florida 33145

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 _______ Date _______

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

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

12. I certify that I am an officer or director of 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 of Officer or Director: Emilia Cumsille Date _______ Daytime Phone # _______

Typed or printed name of signing officer or director