PLEASE READ ALL INST	TRUCTIONS BEFORE C	OMPLETING THIS FORM.
REINSTAVENENT	Sandra B. Mortham Secretary of State division of corporations	Same State S
DOCUMENT # 708278		97 OCT 30 PM 1: 49
1. Corporation Name 820 THIRD ST., INC. A CONDOMINIUM		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address		
820 THIRD STREET CONDOMIUMIUM 820 THIRD STREET MIAMI BEACH FL 33139 MIAMI BEACH FL 33139		
U\$ 45/04	1105W 42TFRR 41 Fh 83165	
		Date Incorporated or Qualified     To Do Business in Florida     11/17/1964
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.		7. F51N
City & State	anci T/a	NOT APPLICABLE Applied For Not Applicable
219 33165 Country WE Cry 33/6	S Country OF CA	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 (Flo		
Title(s) and/or Directors  PTD EALWGA, LYNNE 6	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No -1400 PENINSYLVANIA AVENUE: ST	umbers) 4 City / State / Zip
JORGE CRUZ 10410543 YZTERR MIANTI Fla 33160		
THE STERILL CRUZ SOINW 18TH ST: 10410500 42 TERR MIAMIFE MIAMIFE		
5 Jose De-Znyns	404 S TAMPANIA AVE 820 BST ≠ 9	MIAMI Grach F/ 33/89
-S- PEREZ-ORESPO, ADAMANIE 1400 PENNSYLVANIA AVENUE, STE. 3 MIAMI BCH.		
		20002339472-7 -11/05/97-01099-030 ***********************************
6. Name and Address of Current Registered Age		Name and Address of New Registered Agent
		OF CRUZ
820 THIRD STREET CONDOMINIUM	Street Address (P.	O. Box Number is Not Acceptable)  SW YZTFRR
MIAMI BEACH FL 33139	Suite, Apt. #, Etc.	SW YZTERR  F/n B3/65  State Zip Code
ľ	City	State Zip Code FL 33/65
10. I, being appointed the registered agent of the above named corporate		ligations of Section 607.0505, F.S.
Signature of Registered Agent AEGISTERED AG	BENT MUST SIGN	Date 10/24/97
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 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: JORGE CRUZ My (PRESIDENT) 10/24/97 538 2000 SIGNATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTOR Date Daylime Phono #		