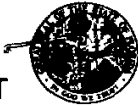


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 2:16

SECRET... OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713394

1. Corporation Name

HYDE PARK TOWERS, INC.

Principal Place of Business

Mailing Address

1801 S. OCEAN DR.
HOLLYWOOD FL 33019

1801 S. OCEAN DR.
HOLLYWOOD FL 33019

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

REINSTATEMENT 99

4. Date incorporated or when To Do Business in Florida 09/29/1987

5. FEI Number

59-1209074

Applied For Not Applicable **SP**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MANNA, MARIO	1801 S OCEAN DR SUITE 603	HOLLYWOOD FL 33019
VP	PRINCIPE, E.	1801 SOUTH OCEAN DRIVE, APT. 605	HOLLYWOOD FL 33019
S	LIPPNER, ROSE LINDA PALEIAS	1801 S OCEAN DR SUITE 603	HOLLYWOOD FL 33019
TD	GLASSER, CHARNA	1801 S OCEAN DRIVE SUITE 401	HOLLYWOOD FL 33019
D	MOORE, AL	1801 SOUTH OCEAN DRIVE, APT. 403	HOLLYWOOD FL 33019

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LIPPNER, ROSE~~ *Charna Glasser*
1801 S OCEAN DR SUITE 603
HOLLYWOOD FL 33019

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Charna Glasser REGISTERED AGENT MUST SIGN

Date

10/14/99

11. 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:

Charna Glasser REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99

Date

Daytime Phone #

CR2040 (8/99)