PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

716039

1. Corporation Name

MIDWAY MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

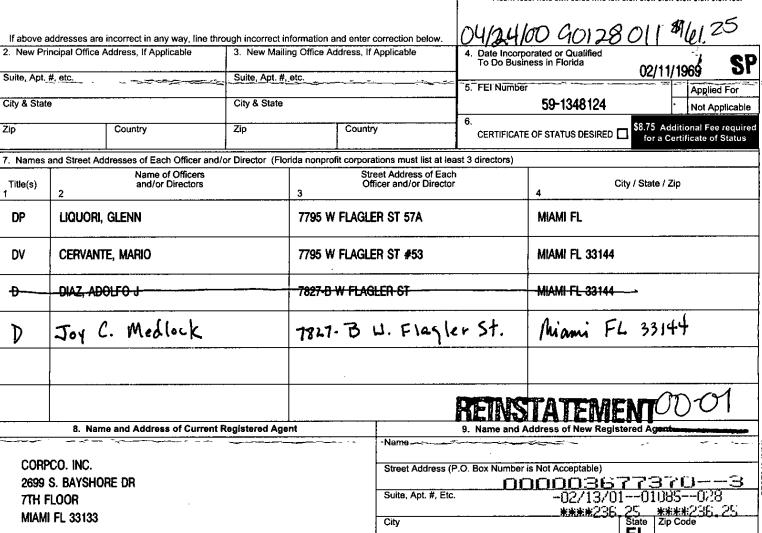
C/O 7827 - B W. FLAGLER ST MIAMI FL 33144 C/O 7827 - B W. FLAGLER ST

MIAMI FL 33144

FILED

OI FEB -5 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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:

Registered Agent

AND TYPED OR STATED NAME OF SENING OFFICER OR DIRECTOR

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.

REGISTERED AGENT MUST SIGN

I Date

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CR2E040 (8/00)