

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 JAN 29 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 762555 1. Corporation Name LINCOLN RD. MERCANTILE ASSOCIATION					
Principal Place of Business Mailing Address 1014 LINCOLN RD. MALL MIAMI BEACH, FL 33139					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1982 5. FEI Number 65-0049821 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	1	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 / State / Zip
		PRES. RAY HULEN	918 LINCOLN RD MALL MIAMI BEACH, FL 33139		
		V-PRES LOUIS BOND	1021 LINCOLN RD. MALL MIAMI BEACH, FL 33139		
		U-PRES. DAWN DRAKE	MOVED - RESIGNED		200002074062--5 -01/30/97--01078--017 ****297.50 ****297.50
		SEC. SHERNA BRODY	1014 LINCOLN RD. MIAMI BEACH, FL 33139		
		TRES. ADRIAN GONZALEZ	1654 MERIDIAN AVE. MIAMI BEACH, FL 33139 RESIGNED - RE-ORGANIZING CURRENTLY		
REINSTATEMENT 96-97					
8. Name and Address of Current Registered Agent SHERNA BRODY 1014 LINCOLN RD. MALL MIAMI BEACH, FL 33139			9. Name and Address of New Registered Agent Name: A. Alan Street Address (P.O. Box Number is Not Acceptable): 200002074062/9/97 Suite, Apt. #, Etc.: -01/30/97--01078--018 City: *****8.75 *****8.75 State: FL Zip Code:		
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: <i>Sherna Brody</i> Date: Jan. 16, 1997 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) NOT-FOR-PROFIT ORGANIZATION					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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: <i>Sherna Brody</i> SHERNA BRODY H6-97 531-1859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CP2E040 (2-95)