

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 762555

FILED
99 DEC 30 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
Lincoln Road Mercantile Association

Principal Place of Business
1006 Washington Ave
Miami Beach FL
33139

Mailing Address
1006 Washington Ave
Miami Beach FL
33139

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable
1606 Washington Ave
Suite, Apt. #, etc.
City & State
Miami Beach, FL Florida
Zip 33139 Country U.S.A.

3. New Mailing Office Address, If Applicable
1606 Washington Ave
Suite, Apt. #, etc.
City & State
Miami Beach FL
Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
3-23-82
5. FEI Number
050049821
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for P-D Adrian Gonzalez, V-D Daniel Schares, and T-D Bertha Hildebrandt.

800003095688--4
-01/12/00--01033--008
****297.50 ****297.50

8. Name and Address of Current Registered Agent
Carlos Cruz
1606 Meridian Ave
Miami Beach FL
33139

9. Name and Address of New Registered Agent
Bertha Hildebrandt
1606 Washington Ave
Suite, Apt. #, Etc.
City Miami Beach State FL Zip Code 33139

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: Bertha Hildebrandt
Date: 11-5-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] ADRIAN GONZALEZ president
Date: 11/5/99 (305) 672-8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #