

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

**FILED**

00 SEP 25 AM 11:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F70318

1. Corporation Name

Florentine Properties, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

9800

2. New Principal Office Address, If Applicable

~~c/o Ronald S. Webster~~  
 985 N. Collier Blvd.

3. New Mailing Office Address, If Applicable

c/o Ronald S. Webster  
 Suite, Apt. #, etc.  
 985 N. Collier Blvd.

4. Date incorporated or Qualified To Do Business in Florida

03-09-1982

5. FEI Number

59-2185616

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/T	Albert Mayer	<del>Altenbach 8 Vaduz</del> Herrengasse 21	Liechtenstein <del>Germany</del>
			800003408488--1 -09/28/00--01092--005 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Hughey, Bonnie J.  
~~1500 San Remo Avenue, Ste. 239~~  
 Coral Gables, FL 33146-3047

9. Name and Address of New Registered Agent

Name  
**Ronald S. Webster**  
 Street Address (P.O. Box Number is Not Acceptable)  
**985 N. Collier Blvd.**  
 Suite, Apt. #, Etc.  
 City  
**Marco Island**  
 State  
**FL**  
 Zip Code  
**34145**

LS

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

REGISTERED AGENT MUST SIGN

Date

9/21/2000

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Mayer

Date

Daytime Phone #

CR2E081 (12/98)