


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>AND FILED</b> 96 NOV 27 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100002018091--4 -12/03/96--01115--005 *****575.00 *****575.00	
DOCUMENT # G05828 1. Corporation Name UNIT 16K BALMORAL, INC.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business #1400, ONE S.E. THIRD AVENUE MIAMI, FL 33131		Mailing Address		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		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip		4. Date incorporated or Qualified To Do Business in Florida 10/25/1982	
5. FEI Number 65-0125327		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P-T	CARLA JACKSON	#1400, ONE S.E. 3 AVE	MIAMI, FL 33131		
VP-S	YVONNE CALVERT	#1400, ONE S.E. 3 AVE	MIAMI, FL 33131		
<b>REINSTATEMENT 1996</b> <i>A. Alan</i> 11/27-96					
8. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
			Name COPROLITE CORPORATION, a Florida corp. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE Suite, Apt. #, Etc. SUITE 1400 City MIAMI State FL Zip Code 33131		
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>[Signature]</i> REGISTERED AGENT MUST SIGN Date: 11/25/96					
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 type="checkbox"/> (See other side for information on intangible tax)					
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>[Signature]</i> CARLA JACKSON, PRES. 11/12/96 (305) 377-9353 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/12/96					