

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

98 NOV 23 PM 12:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H12569**

1. Corporation Name

SANTA'S ENCHANTED FOREST, INC.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD.
 SUITE 500
 MIAMI FL 33181
 US

11900 BISCAYNE BLVD.
 SUITE 500
 MIAMI FL 33181
 US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

REINSTATEMENT 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

07/17/1984

City & State

City & State

5. FEI Number

59-2437954

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PVT	SHECHTMAN, STEVEN	11111 BISCAYNE BLVD	MIAMI FL
SD	SCHERTMAN, STEVEN	11111 BISCAYNE BLVD	MIAMI FL

000002700010--8
 -12/02/98--01034--018
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZEMEL, MORT
 2450 NW MIAMI GARDENS DR
 MIAMI FL 33180

Name **Brian Shechtman**
 Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd
 Suite, Apt. #, Etc. **500**
 City **Miami** State **FL** Zip Code **33181**

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **11/18/98**

11. This corporation owes or has paid 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/98** Daytime Phone # **305 893 0090**