

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 DEC 17 PM 3:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 457387

1. Corporation Name
 600 NORTH STATE ROAD 7, INC.

W98-26862

Principal Place of Business: c/o Alan H. Potamkin
 Potamkin Dodge
 1350 W. 49th Street
 Hialeah, F133012

REINSTATEMENT 93-98

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		4. Date Incorporated or Qualified To Do Business in Florida May 16, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2529234	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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	Alan H. Potamkin	Potamkin Dodge 1350 W. 49th Street	Hialeah, Fl 33012
D	Walter H. Ritter	Potamkin Dodge 1350 W. 49th Street	Hialeah, Fl 33012
D	Robert M. Potamkin	Potamkin Dodge 1350 W. 49th Street	Hialeah, Fl 33012
			600002713486-3 -12/22/98-01075-051 ***1500.00 ***1500.00 600002713486-3 -12/22/98-01075-052 *****8.75 *****8.75

8. Name and Address of Current Registered Agent Alan H. Potamkin 600 N. State Road 7 Plantation, FL 33317		9. Name and Address of New Registered Agent Name: Wayne M. Pathman, Esq. Street Address (P.O. Box Number is Not Acceptable): Haber, Lewis & Pathman, LLP One Biscayne Boulevard, Suite 3660 Two South Biscayne Boulevard City: Miami State: FL Zip Code: 33131	
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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] REGISTERED AGENT MUST SIGN Date: _____

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WALTER H. RITTER VICE PRES / OWNER Date: _____ Daytime Phone #: 305-557-5900

CR26040 (1995)