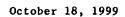
	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	ORM.	
APF	PLICATION A	A DEPARTMEN				FILED		
	FOR	Katherine Harris			99 OCT 19 PM 1: 06			
REINS	STATEMENT	, Di	Secretary of Sivision of corpor			CHOpen	ון אח כי	: 06
DOCUMENT # K31834 1. Corporation Name					TAECAHASSEE, PLONIDA			
	STONEHAVEN PROPER	TIES, IN	IC.					
					j			
	South Cyprose Road		400003021754					
351 South Cypress Road, Suite 316 Pompano Beach, PL 33060					-10/22/9901012015 ****150.00 ****150.00			
	ddresses are incorrect in any way, line thr							
	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florids 08/26/1988			
Suite, Apt.	J, etc.	Suite, Apt. II, etc.			5. FEI Number Applied For			
City & State		City & State		*********		1756504		Not Applicable
Zip	Country	Zip	Country		6. CERTIFICATE	OF SYATUS DESIRED	□ (\$87), A111	e in Francisco de Contratos de Contratos
	and Street Addresses of Each Officer and	or Director (Flo						
Title(s)	Name of Officers and/or Directors 2		Offi 3 (Do NOT Us	et Address of Each oer and/or Director e Post Office Box N	Numbers)	4	City / State / Zip	
DP	Moleiro, Rodolfo	351 S. Cypress Road Suite 316			Pompan	o Beach,	FL 33060	
D	Moleiro, Leonard	351 S. Cypress Road Suite 316			Pompan	o Beach,	FL 33060	
D	Bazo, Alfredo	1	351 S. Cypress Road Suite 316			Beach,	FL 33060	
D Von Stein, Glori		315 S. Suite 3		Cypress Road 16		Pompan	o Beach,	F1 33060
							·	·.
			<u> </u>					
	8. Name and Address of Current	Registered Age	ent	9. Name and Address of New Registered Agent Name				
	Gloria Von Stein 351 S. Cypress Roa	Street Address (P.O. Box Number is Not Acceptable)						
Pompano Beach, FL 33060				Suite, Apt. #, Etc.				
				City			State Zip C	ode
_	appointed the registered agent of the abo	ove named com	oration, apriamiliar wi	th and accept the o	bligations of Secti	on 607.0505, F.S.	_	
Signature of Registered	April	EGISTERED AC	BENT MUST SIGN			Date	October	18, 1999
	is corporation owes the angible Personal Prope			Yes	□ No □	(See	other side for inf on intangible te	ormation X.)
this rein owed by	that I am an officer or director or the recessatement application, the reason for dissy the corporation have been paid and the	olution has been names of Individ	n sliminated, the corpo Juels Sated on this for	rate name salisties n do not qualify lor	shemenlupen effi s nu noliqmexe na r	of saction 607.0401	or 817.0401, F.S	i., that all leas
on this i	application is true and accurate, and my s	ignature shati hi	ive the same legal affi	or as if made undo	or open. Qall	int		KE
SIGNAT	TURE: SIGNATURE AND TYPER OR PE	UNTED NAME OF	SKINING OFFICER OF	W GM G	sig 0	0-18-99 —	954/94: DayAma Pi	3-8501

Charles A. Von Stein, Inc.

LICENSED REAL ESTATE BROKER
Commercial Management & Leasing Specialists

351 SOUTH CYPRESS ROAD SUITE #316 POMPANO BEACH, FL 33060 (954) 943-8501 FAX: (954) 943-2398 Member of International Council of Shopping Centers



Florida Department of State Division of Corporations Reinstatement Section P. O. Box 6327 Tallahassee, FL 32314

Re: Stonehaven Properties, Inc. 59-1756504

Dear Ms. Mortham:

When the annual corporate report was filed for the above corporation for 1998, we noted our new address but not on the appropriate lines provided.

Consequently, the 1999 return was never received at our present office.

I respectfully request the penalty and/or interest be waived this one time. In the future, it is completely my responsibility to see that the report is filed timely.

Your consideration is appreciated.

Very truly yours,

CHARLES A. VON STEIN, INC.

Gloria Von Stein

President

and Tesident agent for Stonehaven Properties, Inc.

CC: copy of 1998 corporate return