


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

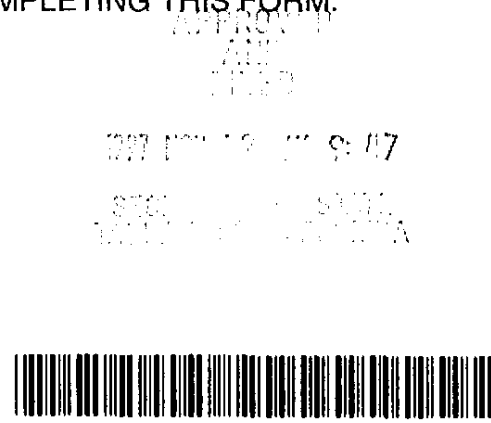


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K33537

1. Corporation Name
LENMAR CONSULTANTS, INC.

| | |
|--|--|
| Principal Place of Business 12550 BISCAYNE BLVD. SUITE 700 NORTH MIAMI FL 33181 US | Mailing Address 12550 BISCAYNE BLVD. SUITE 700 NORTH 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 4045 SHERIDAN AVE Suite, Apt. #, etc. Summ # 425 City & State MIAMI BEACH FL Zip 33140 Country USA | 3. New Mailing Office Address, If Applicable 4045 SHERIDAN AVE Suite, Apt. #, etc. NUMBER 425 City & State MIAMI BEACH FL Zip 33140 Country USA |
|--|--|

4. Date Incorporated or Qualified To Do Business In Florida **09/14/1988**

5. FEI Number **65-0082915** 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 |
|------------|-------------------------------------|---|--|
| PD | MARTIN, WILLIAM S | 4439 PRAIRIE AVE. | MIAMI BCH. FL |
| SD | MARTIN, WILLIAM S. | 4439 PRAIRIE AVE. | MIAMI BEACH FL |
| | | | 300002350313-- G -11/18/97--01042--007 ****750.00 ****750.00 |
| | | | REINSTATEMENT '97 |
| | | | SEC 11-12-97 |

8. Name and Address of Current Registered Agent

MARTIN, WILLIAM S
4439 PRAIRIE AVE
STE. 214
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 *William S Martin* Date **11/8/97**
 REGISTERED AGENT MUST SIGN

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: *William S Martin* Date **11/8/1997** Daytime Phone # **305-532-7476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)