

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 SEP 17 AM 11:05

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K58545

1. Corporation Name
 TAMAMI DEVELOPMENT CORPORATION

2. Principal Office Address c/o S. Nuell Nuell & Polksy
 3. Mailing Office Address c/o S. Nuell Nuell & Polksy

Suite, Apt. #, etc. 782 NW 42nd Ave Suite 345
 Suite, Apt. #, etc. 782 NW 42nd Ave Suite 345

City & State Miami, Florida
 City & State Miami, Florida

Zip Country 33126-5550 U.S.A.
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4. Date Incorporated or Qualified To Do Business in Florida 01/13/1989
 5. FEI Number 65-0107019 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

01-02 JPM

7. Name and Address of Current Registered Agent

Name AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) One S.E. 3rd Avenue

Suite, Apt. #, Etc. 28th Floor

City Miami

State FL Zip Code 33131

300007853593-4
 -09/19/02--01082-004
 ****500.00 **** 900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
 Signature of Registered Agent By Angelica M. Calabrese Assistant Secretary Date September 12, 2002
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Stephen S. Nuell	c/o Nuell & Polksy 782 NW 42nd Ave., Suite 345	Miami, FL 33126-5550
D	Jay Weiss	c/o Nuell & Polksy 782 NW 42nd Ave., Suite 345	Miami, FL 33126-5550
D	Henry R. Zippay, Jr.	c/o Zippay & Frye 633 S.E. 3rd Ave., Suite 201	Ft. Lauderdale, FL 33301
D	Austin Frye	c/o Zippay & Frye 633 S.E. 3rd Ave., Suite 201	Ft. Lauderdale, FL 33301

10. 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)(f), 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:

Stephen S. Nuell, President

September 6, 2002
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) (305) 982-5604

CR2E081 (9/01)