

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 20 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41858**

1. Corporation Name

TRACT 14, INC.

W00000027305

2. Principal Office Address
8433 W. Okeechobee Road

3. Mailing Office Address
8433 W. Okeechobee Road

Suite, Apt. #, etc.

City & State
Hialeah Gardens, FL

Zip Country
33016 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0399521

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Maynard J. Hellman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
150 S. Pine Island Road,

Suite, Apt. #, Etc.
Suite 500

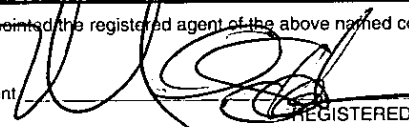
City
Plantation,

State
FL

Zip Code
33324

REINSTATEMENT 92-00

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  Date **12/18/00**

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
P	Pablo J. Valdes	8433 W. Okeechobee Road	Hialeah Gardens, FL 33016
S	Pablo J. Valdes	8433 W. Okeechobee Road	Hialeah Gardens, FL 33016
D	Pablo J. Valdes	8433 W. Okeechobee Road	Hialeah Gardens, FL 33016
			800003573468--2
			01/24/01 01085-027
			***1950.00 ***190.00

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)(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:  Date **12/18/00** Daytime Phone # **305/822-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PABLO J. VALDES

CR2E081 (9/99)