

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

90 JAN 12 PM 2:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L41928**

1. Corporation Name

The ERVEN Group

Principal Place of Business

Mailing Address

MIAMI, FL

**3066 Washington St.
 MIAMI FL 33133**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified To Do Business in Florida

1/4/90

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

5. FEI Number

65-0176603

Applied For

Not Applicable

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**800002398418--2
 -01/13/98--01067--004**

*****1245.00 ***1245.00**

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
PLT S	MARQUE ERVEN	3066 Washington St.	Miami FL 33133

REINSTATEMENT 94-97
50 1-12-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Donald Rosenberg, Esq
 ONE SE 3rd AVE
 MIAMI, FL 33131**

Name

N/A

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

Donald Rosenberg
 REGISTERED AGENT MUST SIGN

Date

1/9/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Marlene S. Erven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENE S. ERVEN

1/9/98

Date

Daytime Phone #

CR2E040 (12/96)