PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION FOR REINSALEMENT DOCUMENT # 172293 1. Corporation Name AMERILAND PROPERTIES, INC.				<u> </u>		
1321 SW 107 Avenue Suite 206A Miami, Florida 33174	SA)	Œ				
If above addresses are incorrect in any way, line thro				_		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.				4. Date Incorporated or Qualified To Do Business in Florida MAY 9, 1990		
Suite, Apt. #, etc.				5. FEI Number Applied For		
City & State	City & State	City & State		65¬0202922 Not Applicable		
Zip Country	Zip	Count	у		E OF STATUS DESIRED X \$8.75 Additional Fee requir	be
7. Names and Street Addresses of Each Officer and/o	or Director (Flor	<u>-i</u> i	·······		The state of the s	
Title(s) Name of Officers and/or Directors 3 (Do NO			eet Address of Each licer and/or Director se Post Office Box N	•	City / State / Zip	
D/P/S CONSUELO PORTELA 1321 SW :			07 AVENUE,		MIAMI, FLORIDA 33174	
				8	000022217782 -06/24/9701086013 ****923.75 ****923.75	-
		REII	ISTATE	MENT	96-97 (Cus)	_
					LFJ	
			7			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
CONSUELO PORTELA 1321 SW 107 AVENUE, #206A			Street Address (F	P.O. Box Number	is Not Acceptable)	CRZE040 (12/96)
MIAMI, FLORIDA 33174			Suite, Apt. #, Etc.			CRZE
			City		State Zip Code	-
10. I, being appointed the registered agont of the above named corporation, am familiar with			 			
Signature of Registered Agent	Mont	NT MUST SIGN			Date 6/13/97	
11. Does this corporation pay at Dept. of Revenue under S. 1	ny intangi 199.032, I	ble tax to th Florida State	e utes. Yes[] No[2	(See other side for information on intangible tax.)	1
12. I certify that I am an officer or director or the received this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign	ution has been e ames of individu	Himinated, the corpo als listed on this for	rate name satisfies t in do not qualify for a	the requirements an exemption und	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees fer section 119.07(3)(i), F.S. The Information indicated	
SIGNATURE: SIGNATURE AND TYPED OR PRIME	TED NAME OF SI	GNING OFFICER OR I	DIRECTOR	6/1	3/97 (305)2331770 Date Daytime Phone #	