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
97 FEB -6 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-93013

1. Corporation Name

R. J. Properties One, Inc.

Principal Place of Business: 3201 N. Federal Highway, Suite 300, Ft. Lauderdale, FL 33305

Mailing Address: Same

REINSTATEMENT 96 + 97
mwB

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/7/90

5. FEI Number: 65-0215822 | Applied For | Not Applicable

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

7. Names and Street Address 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
P	Jonas Nordal	3201 N. Federal Highway Suite 300	Ft. Lauderdale, FL 33305
S	Jonas Nordal	Corporate Address	
T	Jonas Nordal	Corporate Address	

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-02/07/97--01018--001
****923.75 ****923.75

8. Name and Address of Current Registered Agent

Richard Ferayorni
One East Broward Blvd.
Suite 1400
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name: Jonas Nordal
Street Address (P.O. Box Number is Not Acceptable): 3201 N. Federal Highway
Suite, Apt. #, Etc.: 300
City: Ft. Lauderdale | State: FL | Zip Code: 33305

10. I hereby agree to act as registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] JONAS NORDAL — REGISTERED AGENT MUST SIGN — Date 2/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Department of State from any liability for non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: [signature] JONAS NORDAL — Date 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day-time Phone #