
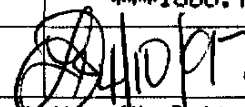
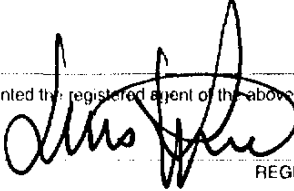



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 APR 10 PM 12: 57  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <b>M08146</b> 1. Corporation Name  ESTATE LAND DEVELOPMENT, INC.					
Principal Place of Business 12060 N.W. So. River Drive Medley, Florida 33178		Mailing Address 12060 N.W. So. River Drive Medley, Florida 33178			
If above addresses 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  5. FEI Number <b>59-2476446</b>  Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	ALEJANDRO ACOSTA	12060 N.W. So. River Drive	Medley, Florida 33178		
S	JORGE PEREZ	12060 N.W. So. River Drive	Medley, Florida 33178		
VP	CRISTINA PEREZ	12060 N.W. So. River Drive	Medley, Florida 33178		
500002142765--8 -04/14/97--01168--007 ***1088.75 ***1088.75  					
8. Name and Address of Current Registered Agent  LUIS J. RIVERO 299 Alhambra Circle, Ste. 401 Coral Gables, Fla. 33134			9. Name and Address of New Registered Agent  Name LUIS J. RIVERO Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42 Avenue, Suite 534 Suite, Apt. #, Etc. Miami City State <b>FL</b> Zip Code 33126		
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  REGISTERED AGENT MUST SIGN Date _____					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do 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 Division of Corporations from any liability of 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 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., 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: 			888-1717		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR26040 (12/95)