

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV 22 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43554**

1. Corporation Name
CONCORDIA FLORIDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
16445 COLLINS AVENUE MIAMI FL 33160-4537 US	16445 COLLINS AVENUE MIAMI FL 33160-4537 US

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

2. New Principal Office Address, if Applicable <i>16420 Collins Av.</i>	3. New Mailing Office Address, if Applicable <i>16420 Collins Av.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI Beach, FL.</i>	City & State <i>MIAMI Beach, FL.</i>
Zip <i>33160</i>	Zip <i>33160</i>
Country <i>USA</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida 12/19/1986
5. FEI Number 59-2777819
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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	4. City / State / Zip
VPS	KLEIKAMP, GERTI	16445 COLLINS AVENUE	MIAMI BEACH FL
			000003063490--1 -12/07/99--01082--009 ***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PANKOW, GERALD R. 16445 COLLINS AVENUE MIAMI BEACH FL 33160	Name 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: *[Signature]* **SIGNATURE REQUIRED** Date: *4/15/99*

REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* **SIGNATURE REQUIRED** Date: *10/26/99* (305) 354-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/98)