

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 OCT 29 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M60488**

1. Corporation Name  
**TEMPLE COURT GP/MF, INC.**

Principal Place of Business C/O MARTIN FINE, ESQ. HOLLAND & KNIGHT, 701 BRICKELL AVE. #3000 MIAMI FL 33131	Mailing Address C/O MARTIN FINE, ESQ. HOLLAND & KNIGHT, 701 BRICKELL AVE. #3000 MIAMI FL 33131
---	---



**REINSTATEMENT 97aw**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		10/08/1987	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0040715	
Country		Country		Applied For	
		USA		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

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	FINE, MARTIN	HOLLAND & KNIGHT, 701 BRICKELL A	MIAMI FL 33131

200002334372--4  
 -10/30/97--01108--003  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINE, ESQ., MARTIN  
 C/O HOLLAND & KNIGHT  
 701 BRICKELL AVENUE, SUITE 3000  
 MIAMI FL 33131

Name  
**Intrastate Registered Agent Corporation**  
 Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Ave**  
 Suite, Apt. #, Etc.  
**Ste 3000**  
 City  
**Miami**  
 State **FL** Zip Code **33131**

CPRE040 (8/97)

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 **Steven H. Hagen, Vice President** Date **10/28/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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: **Martin Fine** 10/28/97 305-374-8500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Martin Fine, President** Date Daytime Phone #