

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY 15 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01246

Handwritten initials

1. Corporation Name
 SOUTH MIAMI BUSINESS CENTER
 CONDOMINIUM ASSOCIATION SEC. 1, INC.

Principal Place of Business Mailing Address
 4651 - 4699 SW 72 AVE. AND 7175 SW 47 ST. UNITS 201-210 MIAMI, FL 33155
 c/o MADDUX AND COMPANY P.O. BOX 557113 MIAMI, FL 33255-7113

94-98

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

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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2503801 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
PRES.	LEONARD SUSSMAN -D	4699 SW 72 AVENUE	MIAMI, FL 33155
V.P.	HENRY AGUILERA -D	4661 SW 72 AVENUE	MIAMI, FL 33155
TREAS	RAY LARSON -D	4689 SW 72 AVENUE	MIAMI, FL 33155
SEC.	AARON HERTZ -D	7175 SW 47 ST. #210	MIAMI, FL 33155

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8. Name and Address of Current Registered Agent
 J. SCOTT WESTON
 c/o MADDUX AND COMPANY
 4651 - 4699 SW 72 Ave
 MIAMI, FL 33255-7113

9. Name and Address of New Registered Agent
 Name: *A. Alon*
 Street Address (P.O. Box Number is Not Acceptable): *5/15/98*
 Suite, Apt. #, Etc.: 0000025309021-9
 City: -05/21/98 -01005-021
 ***481.25L ***481.25

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: *John S. Weston*
 REGISTERED AGENT MUST SIGN
 Date: 4/30/98

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)(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: *Raymond M. Larson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/30/98
 Daytime Phone #: 305247-6304

CR2E040 (1/98)