

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1995

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>		<p style="font-size: 1.2em; margin: 0;">APPROVED AND FILED</p> <p style="font-size: 1.2em; margin: 5px 0;">99 JAN 19 PM 12:42</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
<b>DOCUMENT #</b> 1. Corporation Name <b>N32378</b>  <b>TOTAL COMMUNITY DEVELOPMENT, INC.</b>		<p style="font-size: 2em; margin: 0;"><b>REINSTATEMENT</b></p>					
Mailing Address 5461 W. 24th Ave., Unit #18 Hialeah Gardens, FL 33016						Principal Place of Business SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida May 18, 1989  5. FEI Number 65-0110860  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	2	3	4	5	6		
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 D	Michael Spiegel	199 Palm Ave.	Miami Beach, FL 33139				
VP D	John Gordon	1010 NW 114th Ave.	Plantation, FL 33323				
D	Ivor Rose	1810 Michigan Ave.	Miami Beach, FL 33139				
D	Sean Spiegel	3265 Virginia St.	Coconut Grove, FL 33133				
				200002751922--0 -01/22/99--01098--019 *****61.25 *****61.25			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name <b>Andrew B. Hellinger, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite, Apt. #, Etc. Suite 2350 City <b>Miami</b>				
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 Date <b>1/4/99</b>			(See other side for information on intangible tax.)				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input checked="" type="checkbox"/>							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/>							
13. 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: <b>VICE PRESIDENT. JOHN GORDON, II</b>							