

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

SO JUN 11 1991
TALLAHASSEE, FLORIDA

DOCUMENT # N45260

1. Corporation Name
1555 PENNSYLVANIA COOPERATIVE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1555 Pennsylvania Ave. 1 N.E. First Street
Miami Beach, Florida Suite 700
Miami, Fl. 33132

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

REINSTATEMENT

98-99
262
6/11/91

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/23/91	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0448078	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/>	
				S875 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	2	3	4
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
PD	Paul Rosen	1 N.E. First St. S700	Miami, Fl. 33132
TD	Judith Rosen	1 N.E. First St. S700	Miami, Fl. 33132
D	Beatriz Blue	1 N.E. First St. S700	Miami, Fl. 33132
			7000002408487-7 -06/17/99--01096--010 ****321.25 ****321.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Paul Rosen 1 N.E. First St. Suite 700 Miami, Fl. 33132		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 607.0605, F.S.
Signature of Registered Agent _____ Date 06/10/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ 06/10/99 (305) 379-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #