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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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|--|--|---|---|
| CORPORATION REINSTATEMENT | |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P01000074279 | | | |
| 1. Corporation Name 1600 Euclid Associates, Inc. | | | |
| 2. Principal Office Address 1600 Euclid Avenue Suite, Apt. #, etc. -- City & State Miami Beach, FL Zip 33139 Country USA | | 3. Mailing Office Address 2498 Prairie Avenue Suite, Apt. #, etc. N/A City & State Miami Beach, Florida Zip 33140 Country USA | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| 4. Date Incorporated or Qualified To Do Business in Florida July 27, 2001 | |
| 5. FEI Number 65-1127711 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

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|---|--|
| 7. Name and Address of Current Registered Agent | |
| Name David Lifshultz, President | 400021082114 |
| Street Address (P.O. Box Number is Not Acceptable) 2498 Prairie Avenue Suite, Apt. #, Etc. N/A | 06/23/03--01076--006 **230.00 400021082114 06/23/03--01076--007 **230.00 |
| City Miami Beach | State FL Zip Code 33140 |

| | |
|--|--------------|
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | |
| Signature of Registered Agent David Lifshultz | Date 4/29/03 |
| REGISTERED AGENT MUST SIGN | |

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|---|-----------------------------------|--|-------------------------------|
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| President Secretary/Treasurer & Director | David Lifshultz | 2498 Prairie Avenue | Miami Beach, Florida 33140 |
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| 10. 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: David Lifshultz, President | Date 4/29/03 305-531-2492 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

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**1600 EUCLID ASSOCIATES, INC.
2498 PRAIRIE AVENUE
MIAMI BEACH, FLORIDA 33140**

April 28, 2003

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: 1600 Euclid Associates, Inc., Charter #P01000074279

Gentlemen:

This letter certifies that neither I, as President of 1600 Euclid Associates, Inc., nor my previous registered agent, Louis D. Zaretsky, received any notices or renewal forms for filing the Uniform Business Report in order to renew this corporation and keep it in good standing with the State of Florida.

Therefore, I am respectfully requesting that you accept the attached form and the supplemental fee of \$150.00 for reinstatement of this corporation. Thank you.

Sincerely,

1600 EUCLID ASSOCIATES, INC.

By: 
David Lifshultz, President

Attachments

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