PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0200001978

1. Corporation Name

MAINSTREET PROPERTY INVESTMENT, INC.

Principal Place of Business

Mailing Address

21401 SW 122ND AVE MIAMI FL 33177			21401 SW 122ND AVE MIAMI FL 33177						
If above s	addrossos aro	incorrect in any way line the	rough incorract in	oformation and enter	r garraction halow	DEIM	CTATEMEN.	07-04	
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Ap				#, etc.		01/08/2002			
City & State			City & State			01-0569958 Not Applicable			
Zip Country		Zip Count		ry	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	I Idresses of Each Officer and	/or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s)	itle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PSTD	DAVIS, NEHEMIAH			21401 SW 122ND AVE			MIAMI FL 33177		
							Topic Strike Alle Strike Land		
				800027918148 01/30/0401027008 **\$00.00				48 **\$00.00	
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			- Parameter						
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR					Name Nehemiah Davis Street Address (P.O. Box Number is Not Acceptable) 21401 Sav 122 Avenue Sulte, Apt. #, Etc.				
	LOUR FL 33145				City MINAMI State Zip Code FL 33177				
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am familiar v		bligations of Sect	tion 607.0505, F.S. or 617.050	5, F.S.	
Signature o	of Agent	Church	A REGISTERED AG	CO-			Date	/04	

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04

(305) 238-3044

Daytime Phone #