

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR -6 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800030820728
03/22/04--01014--019 **211.25

REINSTATEMENT

03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000072988			
1. Corporation Name 150 NE SPANISH TRAIL CORP			
2. Principal Office Address 870 LAKE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 265 Suite, Apt. #, etc.	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA	
Zip 33432	Country USA	Zip 33429-0265	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/03/2002	
5. FEI Number 58-2675203	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name SUSAN SISKIND	
Street Address (P.O. Box Number is Not Acceptable) 870 LAKE DRIVE	
Suite, Apt. #, Etc.	
City BOCA RATON	State FL
Zip Code 33432	

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

REGISTERED AGENT MUST SIGN

Date

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
P	JON SISKIND	320 EAST 23RD STREET	NEW YORK, NY 10010
ST	SUSAN SISKIND	870 LAKE DRIVE	BOCA RATON, FL 33432

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)(g), 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

Date

Daytime Phone #

CR2E081 (01/04)

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Susan Siskind
150 NE Spanish Trail Corp
P.O. Box 265
Boca Raton, FL 33429-0265

March 12, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

I did not receive the original corporate annual report. In preparing this years report I realized the original mailing address was incorrect and this caused an oversight in filing the report. We request a waiver of the late fee. I am enclosing a Corporate Reinstatement form along with \$ 211.25. *CHK # 1629*

I would like to thank you in advance for your assistance in this matter.

Sincerely,

Susan Siskind, Secretary