PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		- To 110	7	FILFD	•	
CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE	03 NOV -7 AM 8: 52			
DOCUMENT # P020000 93433			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
·	operty, Inc.					
2. Principal Office Address	3. Mailing Office Addr	95S	50002 11/07/03010	4509505 052-023 **150	.00	
5499 N. Federal Highway	· · ·	499 N. Federal Bighway		VICIVI (53	
Suite, Apt. #, cfc. Unit R	Suite, Apt. #, etc. Unit R			4. Date Incorporated or Qualified To Do Business in Florida 8/28/03		
City & State	City & State				Applied For	
Boca Raton Florida		Boca Raton Florida			tot Applicable	
Zip Country 33487 USA	. 33487	Country USA	6. CERTIFICATE OF STATUS		ral Fee required rate of Status	
	7. Name and	Address of Current Registe	red Agent			
Name MICHAEL R. T	IEZZI					
Street Address (P.O. Box Number	r is Not Acceptable)				1	
377 NW 6th Co	ourt				-{	
		71-0-4	_			
City Boca Raton			FL State	Zip Gode 33432		
8. I, being appointed the registered agent of the Signature of Registered Agent	REGISTERED AGENT MUS	familiar with and accept the o	bilgations of section 607.0505	or 617.0503, F.S.	CR2E081 (50/02	
9. Names and Street Addresses of Each Office	er and/or Olrector (Florida nonp	ofit corporations must list at k	east 3 directors)			
Tilles Name of Officers and/or Dire	Name of Street Address of E Officers and/or Directors Officer sud/or Direc			City / State / Zip		
PSTD MICHAEL R. EIEZZI	MICHAEL R. WIEZZI 5499 N. F				87	
		•		- i.		
				,		
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 etiminated, 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 logal effect as if made under each. SIGNATURE:						
SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR	Dela	Saytima Phone #		

EL.J. QUAREQUIO

TTORNEY AT LAW

JAY MARK BUILDING . SUITE 100 500 SOUTHEAST 6TH STREET FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 524-3324 FACSIMILE (954) 779-1767

ALSO ADMITTED NEW YORK BAR

October 30, 2003

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

> **RE:** Corporate Reinstatement ETZ Property, Inc.

Dear Sir or Madam:

Enclosed you will please find a "Corporation Reinstatement" form completed in connection with the above referenced Florida, for-profit corporation. Also enclosed, youwill please find a check in the amount of \$150.00. As you are aware, this corporation was administratively dissolved in September of 2003 for failure to file its annual report.

You will please note that the corporation changed its principal address in late 2002 to 5499 North Federal Highway, Unit R, Boca Raton, Florida 33487 from its previous address and the administrative staff of the corporation failed to follow-up on the annual corporate filings which were never forwarded to the new address, and never received.

In any event, the enclosed \$150.00 represents the annual fees for the year 2003 for the corporation. We have been advised that with a showing of "good cause" shown for the reason of the dissolution, the reinstatement fee would be waived. It is intended that the demonstrated, change of address will satisfy this requirement.

If anything further is required in connection with this matter, please feel free to contact the undersigned.

Very truly yours,

MÍCHÁEL J. OÚARÉOUIO, ESO.

Attorney for the Corporation

MJO/ck Enc.