

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 FEB -3 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022366
1 Corporation Name

CUTLER RIDGE/KENDALL REAL ESTATE COMPANY

Principal Place of Business Mailing Address
1549 E.Hallandale Bch. Blvd. same
Hallandale, FL 33009

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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 3/11/93
5. FEI Number 65-0259208
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for Wolfgang Kestenbaum at 1549 E. Hallandale Bch Blvd, Hallandale FL 33009.

REINSTATEMENT

8. Name and Address of Current Registered Agent: WOLFGANG KESTENBAUM, CUTLER RIDGE/KENDALL REAL ESTATE CO., 1549 E. HALLANDALE BCH BLVD., HALLANDALE, FL 33009.
9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Wolfgang Kestenbaum
Date: 1/31/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No []

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: WOLFGANG KESTENBAUM
Date: 1/31/97
Daytime Phone #: (954) 456-7300

CR2E040 (12/96)