PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 03 SEP 25 AM 8: 48 **CORPORATION** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE FLORIDA DOCUMENT # P9400000 4472 7531 Apartments 1. Corporation Name 3. Mailing Office Address 2. Principal Office Address 600023451426 09/30/03--01049--019 \*\*150.00 22st 4311 ے س 14311 aast SW Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida Jan 18 City & State City & State 5. FEI Number Applied For 33175 33175 MIAMI 65-046709 MIAMI Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status 33175 CERTIFICATE OF STATUS DESIRED MIAMI Dade MIAMI Dade 7. Name and Address of Current Registered Agent Name Hrmen huis Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State 8. 1, 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. 9/23/03 Signature of REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 14311 SW 22 St. MIAM, FL 33175 MIA FI-33175. 14311 EW 22 St. M, AMI FT 33175 MIAMI EL 33 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 filling 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. emmusos SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

September 23, 2003

Department of State Division of Corporation P.O. Box 6327 Tallahasse Florida 32314

Dear sirs

Please find attached my application for reinstatement of my corporation 7531 Apartments Inc

This year I did not receive my annual Report renewal like I always do. Even though I moved two years ago, last year I did receive it at my new address. However this year I did not.

I am enclosing the renewal fee of \$150 as per the instruction I received by phone from your office.

I have already sent the change of address form again, so that this does not happen again.

I thank you for waving the fee, and assure you this will not happen again.

Should you need to reach me you can at 305 305 7212.

Sincerely

7531-Apartments Inc.