

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 MAY -6 AM 8:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046456**

1 Corporation Name

GK PROPERTIES, INC.

Principal Place of Business

Mailing Address

**6061 LA GORCE DRIVE
 MIAMI BEACH, FL 33140-2116**

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable
6061 LA GORCE DRIVE
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
6061 LA GORCE DRIVE
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business In Florida
JUNE 21, 1994

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

5. FEI Number
65-0500359
 Applied For
 Not Applicable

Zip
33140-2116 Country
USA

Zip
33140-2116 Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D	WENDY GARCIA	6061 LA GORCE DRIVE	MIAMI BEACH, FL 33140
D.V.T	TIMOTHY S. KINGCADE	6061 LA GORCE DRIVE	MIAMI BEACH, FL 33140
			500002178465--2 -05/14/97--01091--009 ****915.00 ****915.00
			065-13-97

8. Name and Address of Current Registered Agent

**WENDY GARCIA - KINGCADE
 200 S. BISCAYNE BLVD.
 SUITE 2800
 MIAMI, FL 33131**

9. Name and Address of New Registered Agent

Name
TIMOTHY S. KINGCADE
 Street Address (P.O. Box Number is Not Acceptable)
VICTORIA BUILDING
 Suite, Apt. #, Etc.
2903 SANZEDO STREET
 City
CORAL GABLES State
FL Zip Code
33134-6611

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/97

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

(See other side for information on intangible tax.)

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY S. KINGCADE, VP

Date

4/29/97

Daytime Phone #

305-446-7990

CR2E040 (12/96)