

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPROVED AND FILED

97 MAY 15 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

~~APPLICATION FOR REINSTATEMENT~~

DOCUMENT # **P940000 72895**
 1. Corporation Name
Southern ASSISTED PROP INC.
1996-1997 Annual Report

Principal Place of Business Mailing Address
10100 W. Sample Rd. Suite 205
CORAL SPRINGS, FL 33065

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		65-0627237	
Zip	Country	Zip	Country	Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
Pres	Philip L. Fry BERGH	10100 W. Sample Rd. CS. 33065	Suite 205 900002184819--8 -05/20/97--01047--002 ****365.00 ****365.00 A. Alan 5/15/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert ARIZAN PA. 8333 W. McVane Rd DAMARCA, FL 33321		Name: Philip L. Fry BERGH Street Address (P.O. Box Number is Not Acceptable): 10100 W. Sample Rd City: CORAL SPRING State: FL Zip Code: 33065	

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]* Date: 4/24/97
 REGISTERED AGENT MUST SIGN

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
 SIGNATURE: *[Signature]* Philip L. Fry BERGH Date: 4/24/97 954-753-4242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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May 13, 1997

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

Re: Ref. # P94000072895
Southern Assisted Properties

Attention: Amy Alan

Please waive the reinstatement fee for Southern Assisted Properties, Inc. due to the address change error. Thank you for your help in this matter.

Sincerely,

Philip L. Frybergh, President