

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 JAN 16 AM 11:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000074386

1. Corporation Name

5051 N.W. 37 AVENUE CORP.

Principal Place of Business

Mailing Address

~~480 LINCOLN ROAD~~

~~420 LINCOLN ROAD~~

~~#392~~

~~#392~~

~~MIAMI BEACH FL 33139~~

~~MIAMI BEACH FL 33139~~

~~US~~

~~US~~

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

500 NW 165 TH STREET

500 NW 165 TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

102

City & State MIAMI FL

City & State MIAMI FL

Zip Country 33169 USA

Zip Country 33169 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

10/07/1994

5. FEI Number

65-0537543

Applied For

Not Applicable

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, GREEN, ABRAHAM, 3630 FLAMINGO DRE., 8TH FLOOR, MIAMI BCH FL 33139.

100003601701--9 -01/30/01--01076--003 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVROHOM, GREEN 420 LINCOLN ROAD #392 MIAMI BEACH FL 33139

Name AVROHOM GREEN

Street Address (P.O. Box Number is Not Acceptable) 500 NW 165 TH STREET

Suite, Apt. #, Etc. #102

City MIAMI State FL Zip Code 33169

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 1/8/01

11. 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

Date 1/8/01 Daytime Phone #

CR2E04D (8/00)