

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED

97 FEB 24 AM 10:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entry
 Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000086191**

AMERICAN RIVIERA SOUTH III, INC.
 100 S.E. 2nd Street
 28th Floor
 Miami, Florida 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
 City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
 City and State Zip Code

REINSTATEMENT 90-97

4. Date incorporated or Qualified To Do Business in Florida

11/25/94

5. Number

98-0150829

FEI Number Applied For

FEI Number Not Applicable

6.

\$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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
DPST	Michael D. Lyons	Church Street South, Box 91	Ajax, Ontario L1S 3C2

300002096733--4
 -02/25/97--01075--003
 *****915.00 *****915.00

02-24-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

KIG&S REGISTERED AGENT CORPORATION
 100 S.E. 2nd Street
 28th Floor
 Miami, FL 33131

9. If changed, new registered agent / office

Name
 Street Address (Do NOT Use P.O. Box Number)
 Street Address (Do NOT Use P.O. Box Number)
 City State Zip
 FL.

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

Marc Auerbach

Marc H. Auerbach, Esq., President of KIG&S Registered Agent Corp.

Date January 30, 1997

11. If this corporation is a non-profit with (R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under

Signature of Officer or Director

[Signature]

MICHAEL D. LYONS, PRESIDENT

Typed or printed name of signing officer or director

Feb 4/97

905-915-6833210

CPRE040 (8/92)