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
96 NOV 25 AM 10: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091270

1. Corporation Name

INTERACTIVE PROPERTIES, INC.

Principal Place of Business	Mailing Address
%LAW OFFICE OF JOSEPH F. LOPEZ	%LAW OFFICE OF JOSEPH F. LOPEZ
~~8001 SALZEDO ST. 2ND FLOOR~~	~~8001 SALZEDO ST. 2ND FLOOR~~
CORAL GABLES FL ~~33134~~	CORAL GABLES FL ~~33134~~

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

REINSTATEMENT

95-96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 250 Bird Road #302	Suite, Apt. #, etc.: 250 Bird Road #302
City & State: Coral Gables, Fl.	City & State: Coral Gables, Fl.
Zip: 33146 Country: Dade	Zip: 33146 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1994

5. FEI Number: 65-0549396 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	STEVEN WIENER	C/O Joseph F. Lopez, Esq. 250 Bird Road, #302	Coral Gables, Fl. 33146
AST. S/T	JOSEPH F. LOPEZ, ESQ.	250 Bird Road, Suite #302	Coral Gables, Fl. 33146

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11/25/96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOPEZ, JOSEPH F ESQ.	Name: Joseph F. Lopez, Esquire
~~8001 SALZEDO ST.~~	Street Address (P.O. Box Number is Not Acceptable): 250 Bird Road
~~2ND FLOOR~~	Suite, Apt. #, Etc.: Suite #302
~~CORAL GABLES FL 33134~~	City: Coral Gables, State: FL Zip Code: 33146

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 REQUIRED — REGISTERED AGENT MUST SIGN Date: 11/20/96

11. If this corporation is a non-profit with I.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 [X] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 oath.

SIGNATURE: SIGNATURE REQUIRED — Joseph F. Lopez — Date: 11/20/96 — Daytime Phone #: (305) 444-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (6/95)