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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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REINSTATEMENT 01-02

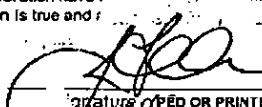
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000088351 1. Corporation Name Cityscape Properties Corporation			
2. Principal Office Address 1314 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 10 City & State Ft. Lauderdale, FL Zip 33301 Country USA		3. Mailing Office Address 1314 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 10 City & State Ft. Lauderdale, FL Zip 33301 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida		11/17/95
5. FEI Number	65-0632525	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Mark F. Grant, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 200 East Broward Blvd., Suite 1500			
Suite, Apt. #, Etc.			
City Ft. Lauderdale,	State FL	Zip Code 33301	

8. I, being applicant, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 04-25-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Jan S. Teller	1314 E. Las Olas Blvd., #10	Ft. Lauderdale, FL 33301

10. 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 correct. My signature shall have the same legal effect as if made under oath.	
SIGNATURE:  Signature TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jan S. Teller, President	Date 04/25/02 (954) 763-8877 Daytime Phone #

CR2001 (901)

Florida Department of State
Division of Corporations
Public Access System
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CORPORATION REINSTATEMENT

CITYSCAPE PROPERTIES CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75