

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000059867

1. Corporation Name
SRP HOMESTEAD, INC.

Principal Place of Business C/O ALLEN J. RAPOPORT 999 PONCE DE LEON BLVD. CORAL GABLES FL 33134	Mailing Address C/O ALLEN J. RAPOPORT 999 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT *07/16/1996*

FILED

97 NOV 10 AM 10:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



5. FEI Number 65-0679571	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
D	RAPOPORT, ALLEN J	999 PONCE DE LEON BLVD. #1110	CORAL GABLES FL 33134

800002346928--3
 -11/13/97--01094--019
 ****750.00 ****750.00

07-13-97

8. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J
 C/O ALLEN J. RAPOPORT
 999 PONCE DE LEON BLVD. #1110
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 *11/7/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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

10/28/97 *305-446-4985*
 Date Daytime Phone #

CPRE040 (8/97)