

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

97 DEC 15 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060020

1. Corporation Name
MIDTOWN AFFILIATES, INC.

Principal Place of Business
619 NW 12TH AVE.
MIAMI FL 33136

Mailing Address
619 NW 12TH AVE.
MIAMI FL 33136



REINSTATEMENT 97 (8)

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		4. Date Incorporated or Qualified To Do Business in Florida 07/15/1996	
Suite, Apt. #, etc. 3850 SW 87 AVE #303		Suite, Apt. #, etc. 3850 SW 87 AVE #303		5. FEI Number 65-0700833	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33165		Zip 33165		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country USA		Country USA			

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
P/D	ELIOT D. GELBER	3247 RIVIERA DRIVE	CORAL GABLES, FL. 33134
S/D	ADAM R. GELBER	275 SOLANO PRADO	CORAL GABLES, FL. 33134
T/D	LAURA JEAN GELBER	3850 S.W. 87 th Ave, #303	MIAMI, FL. 33165

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

GELBER, ELIOT
619 NW 12TH AVE.
MIAMI FL 33136

9. Name and Address of New Registered Agent

Name
L.J. GELBER
Street Address (P.O. Box Number is Not Acceptable)
3850 SW 87 AVE, #303
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33165

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 X Laura Jean Gelber
RE GISTE RED AGENT MUST SIGN

Date Dec. 9, 1997

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: Laura Jean Gelber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-09-97 (305)207-7100
Date Daytime Phone #

CR2E040 (8/97)