

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 97-98 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL -2 AM 12:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000066471

1. Corporation Name
 MICOR CAPITAL ADVISORS CORP.

Principal Place of Business Mailing Address
 1001 W. Cypress Creek Road Suite 320
 Ft. Lauderdale, FL 33309
 3080 N 35TH ST
 HOLLYWOOD FL 33021
 US

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8/9/98

5. FEI Number 65-0696220
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
P	BROWARNIK, MICHAEL W.	3080 N 35TH ST	HOLLYWOOD FL
			6000002582946--0 -07/08/98--01061--003 ****315.00 ****315.00
			5L 7-2-98

8. Name and Address of Current Registered Agent
 Michael W. BROWARNIK
 3080 N. 35 Street
 Hollywood, FL
 33021

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 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 *[Signature]* Date 7/1/98
 REGISTERED AGENT MUST SIGN

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]* 7/1/98 954677-2255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)



MICOR CAPITAL, INC.

Michael W. Browarnik
President

July 1, 1998

Mr. Shawn Logan
Division of Corporations
Annual Report / Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: MICOR CAPITAL ADVISORS CORP. / ANNUAL REPORT

Dear Shawn:

Pursuant to our telephone conversation today, enclosed herewith please find Annual Report for the above-referenced corporation, together with our check in the amount of \$315.00, fees for 1997, 1998. As I had indicated, we never received the notice for annual report filing, as an apparent result of an erroneous address. The correct mailing address is as noted in the enclosed report, as well as the current address of our business.

We would appreciate immediate reinstatement of the entity and a correction to your records noting the accurate address. We have also included the Federal Employer ID Number for the corporation.

Thank you for your cooperation.

Sincerely,

Michael W. Browarnik
President

MWB/cr