

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 DEC 10 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082873

1. Corporation Name
BORENSTEIN INVESTMENTS, INC.

Principal Place of Business 3000 ISLAND BLVD. APARTMENT #1205 AVENTURA FL 33160	Mailing Address 3000 ISLAND BLVD. APARTMENT #1205 AVENTURA FL 33160
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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		4. Date Incorporated or Qualified To Do Business in Florida 10/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0711120	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	BORENSTEIN, ANITA	3000 ISLAND BLVD., APT 1205	AVENTURA FL 33160
			300002374093--6 -12/16/97--01114--014 ****750.00 ****750.00
			REINSTATEMENT (97)
			A. Alan 12/10/97

8. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2801 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Anita Borenstein
Street Address (P.O. Box Number is Not Acceptable)
3000 Island Blvd.
Suite, Apt. #, Etc.
Apt. #1205
City
Aventura
State
FL
Zip Code
33160

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 *Anita Borenstein*
REGISTERED AGENT MUST SIGN

Date X

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: X *Anita Borenstein* Anita Borenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/97)