

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

1997 DEC 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000103231

1. Corporation Name
DFS 114, Inc.

Principal Place of Business
5850 Belesedere Rd.
West Palm Beach
FL 33413

Mailing Address
99 Cherry Hill Rd.
Parsippany N.J.
07054

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 12/24/1996

Suite, Apt. #, etc.
City & State
Zip Country

Suite, Apt. #, etc. Suite 305
City & State Parsippany, N.J.
Zip 07054 Country U.S.

5. FEI Number 65-0719706 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
V	Schiavone, Christopher	c/o 99 Cherry Hill Rd.	Parsippany / N.J. / 07054
P	Leeds, Warren	c/o 99 Cherry Hill Rd.	Parsippany / N.J. / 07054

REINSTATEMENT *Warren Leeds*

8. Name and Address of Current Registered Agent

Gray, N. Dwayne JR
Greenspoon, Harder, ET AL
135 West Central BLVD STE 1100
Orlando Florida 32801

9. Name and Address of New Registered Agent

Name 300002381833-6
-12/24/97-01038-023
Street Address (P.O. Box Number is Not Accepted) 750.00 ***750.00
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 *N Dwayne Jr*
REGISTERED AGENT MUST SIGN

Date 12/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: *Warren Leeds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Warren Leeds
Date 12/18/97
Daytime Phone # 973-257-3030

C-25200 (12-95)