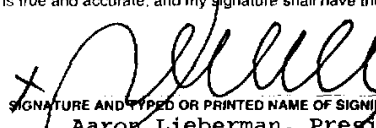


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC -9 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000003883					
1. Corporation Name ALAS Realty Investments, Inc.					
Principal Place of Business 317 - 71st Street Miami Beach, FL 33141			Mailing Address Same		
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 01/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3500271	
City & State		City & State		Applied For Not Applicable	
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/P	Aaron Lieberman	317 - 71st Street	Miami Beach, FL 33141		
D/VP/ SEC.	Evelyn Farbstein	317 - 71st Street	Miami Beach, FL 33141		
			000003077900--3 -12/22/99--01052--001 ***900.00 ***900.00		
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
Joel S. Piotrkowski, Esq. 317 - 71st Street Miami Beach, FL 33141			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			Date 12-7-99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: 			12-7-99 (305) 865-4311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Aaron Lieberman, President			Date Daytime Phone #		

CR25081 (12/99)