

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 27 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P97000055285

1. Corporation Name

MAINLAND ASSOCIATES, INC.

Principal Place of Business: 750 N.W 43rd Ave. Ste 115, Miami, FL 33126  
Mailing Address: 1200 Brickell Avenue, Ste 900, Miami, Florida 33131

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

REINSTATEMENT 98-99

2. New Principal Office Address, if Applicable 1901 Liberty Avenue, Ste 4 Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable c/o AGIM Registered Agents, Suite, Apt. #, etc. 1200 Brickell Ave., Ste 900		4. Date Incorporated or Qualified to Do Business in Florida 06/24/1997	
City & State Miami Beach, Florida		City & State Miami, Florida		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33234	Country USA	Zip 33131	Country USA	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	David A. Barlyn	1901 Liberty Ave., Ste 4	Miami Beach, FL 33139
			588883183925-3 -01/20/00--01026--011 ****300.00 ****900.00

8. Name and Address of Current Registered Agent Adams, Gallinar, Iglesias & Palenzuela, P.A. 701 Brickell Avenue, Suite 2150 Miami, Florida 33131		9. Name and Address of New Registered Agent Name: AGIM Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite 900 Suite, Apt. #, Etc.: RRA City: Miami State: FL Zip Code: 33131	
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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: *Robert A. Barlyn, President* Date: 12/22/99  
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *David A. Barlyn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID A. BARLYN  
12/06/99