PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
99 APR 30 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99 ao

DOCUMENT # P97000064454

1. Corporation Name
CORNERSTONE NEW VISTA HOMES, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
2121 Ponce de Leon Boulevard Penthouse Two Coral Gables, Florida 33134	

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

4. Date Incorporated or Qualified To Do Business in Florida: July 25, 1997

5. FEI Number: Applied For [ ] X Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

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	Stuart I. Meyers	2121 Ponce de Leon Blvd. PH2	Coral Gables, FL 33134
VP/S	Jorge Lopez	2121 Ponce de Leon Blvd. PH 2	Coral Gables, FL 33134
			900012886288--2 -05/07/99--01015--009 ******8.75 ******8.75
			900012886288--2 -05/07/99--01015--010 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

Edward L. Hibshman
600 N. Miami Avenue, Suite 1506
Miami, Florida 33136

9. Name and Address of New Registered Agent

Name: Jorge Lopez
Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
Suite, Apt. #, Etc.: Penthouse Two
City: Coral Gables State: FL Zip Code: 33134

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: _____ REGISTERED AGENT MUST SIGN Date: 4/29/99

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: _____ 4/29/99 (305)443-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #