


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -1 PM 1:14

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** P98000021912

1. Corporation Name  
ALF DEVELOPERS II, INC.

100003768181--3  
-02/26/01--01123--019  
\*\*\*1817.50 \*\*\*908.75

2. Principal Office Address 1250 E. Hallandale Beach Blvd. Suite, Apt. #, etc. #902 City & State Hallandale, FL Zip 33009		3. Mailing Office Address Suite, Apt. #, etc. City & State City Country USA	
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**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified To Do Business in Florida 03-09-1998	5. FEI Number 65-0818485	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Evan R. Marbin, Esquire

Street Address (P.O. Box Number is Not Acceptable): 48 East Flagler Street

Suite, Apt. #, Etc.: PH-104

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Evan R. Marbin* Date: 1/31/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S, T, D	TINSKY, LORRAINE	4000 Island Blvd., #404	Aventura, FL 33160
P, D	TINSKY, DENNIS	4000 Island Blvd., #404	Aventura, FL 33160

10. 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: *Lorraine Tinsky* Date: 1/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Secy/Treas* Date: \_\_\_\_\_

CRZE051 (2/01)