| PLEASE REA | D ALL INS | TRUCTIC | NS BEFORE C | OMPLETI | NG THIS FOR | RM. | |
|--|--|--------------------|-------------------------------|---|---------------------------------|----------------------------------|-------------------------------------|
| APPLICATION FOR REINSTATEMENT | (4. 78) | | MENT OF STATE | | ' Fi | ROVED NID LED | |
| DOCUMENT # 798 0000 79 59 7 | | | | 99 DEC 30 PM 12: 10 | | | |
| THE N.E. 2nd AVE DEVELOPMENT CORPORATION | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Mailing Address | Principal Place of Business | | | - | | | , |
| 8034 NE 2nd Ave Miami, FL 33138 | 4 NE 2nd Ave ni, FL -22128 33/38 | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable | | | | DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified | | | |
| 2. New Maining Address, if Applicable Sanme | ame | | | i. Electrica | 9/09/98 | | |
| Suite, Apt. #, etc. Suite, Apt. City & State City & State | | #, etc | | 5. FEI Number 650903453 | | | pplied For |
| Zip Country | Zip | | Country | 6. CERTIFICATE OF STATUS DESIRED X | | - 1477-1481 (1919) - 1919-149 | |
| 7. Names and Street Addresses of Each Officer | and/or Director (El | lorida nonprofit d | corporations must list at lea | ast 3 directors) | • | | == |
| Title(s) Name of Officers and/or Directors | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | 1 | City / State / Zip | | | |
| P~~ Louis Banatty | 1258 | 0 NE 9th Ave | e | Miami, FL 33161 | | | |
| S/m Chantal Banatt | 1258 | 0 NE 9th Av | e | Miami, FL 33161 | | | |
| Dir. Rose Magalie I | 9015 SW 125th Lane | | | Miami, FL 33178 | | | |
| | , | | FERNENT | 91 | 000030 -01/13/0 ****750 | | 1! =003 750.00 |
| REINSTATEMENT | | | | 4 | -01/13/0 -01/13/0 ******8 | . 751 *** * | + 3 004 * *873 |
| Ron Gordon, Attorney 325 NW 54th St. Miami, FL 33127 10. I, being appointed the registered again of the above named corpora | | | Suite, Apt. #, Etc | Georges P.O. Box Number 8034 NE | is Not Acceptable) 2nd Ave | State Zip Code 33 | 138 |
| Registered Agent | REGISTERED A | GENT MUST SI | | | | ember 21 | , 199 other side fo |
| 11. If this corporation is a roo | n-profit with | I.R.S. 50 | 1(c)(3) tax-exen | npt status, | check this box | additions | al informatio |
| 12. Does this corporation pa | y any intan | gible tax | to the | | (See ot | her side for inform | nation |

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Yes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dept. of Revenue under S. 199.032, Florida Statutes.

12/27/99 Date Datum

on intangible tax.)

No XX