

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 MAR -7 PM 1:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000055058**

1. Corporation Name

NORTH DADE-SOUTH BROWARD PROPERTIES, INC.

Principal Place of Business

Mailing Address

5601 BISCAYNE BLVD
 MIAMI FL 33137

5601 BISCAYNE BLVD
 MIAMI FL 33137

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

06/16/1999 **SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

290 N.W. 183rd ST.

City & State
Miami, Florida

City & State

Zip 33169

Country
USA

Zip

Country

5. FEI Number

65-0996837

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
<u>P D</u>	DILLARD, PATRICIA	5601 BISCAYNE BLVD	MIAMI FL 33137
			800003829278-7 -03/09/01--01136--012 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

ROSEN, STEVEN M
 5601 BISCAYNE BLVD
 MIAMI FL 33137

9. Name and Address of New Registered Agent

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

(Signature)
 REGISTERED AGENT MUST SIGN

Date

11. 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-01 (305)655-1700

Daytime Phone #

CR2E040 (9/00)