


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY -4 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000055058  
1. Corporation Name  
NORTH DADE -SOUTH BROWARD PROPERTIES, INC.

**REINSTATEMENT** *OB-04*  
800033558668  
01/22/04--01051--007 \*\*908.75

2. Principal Office Address 290 N.W. 183RD ST Suite, Apt. #, etc.		3. Mailing Office Address 290 N.W. 183RD ST Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33169	Country DADE	Zip 33169	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida

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. Name and Address of Current Registered Agent**

Name  
ROSEN, STEVEN M

Street Address (P.O. Box Number is Not Acceptable)  
5601 BISCAYNE BLVD

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33137

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 *Steven Rosen* Date *4/29/04*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DILLARD, PATRICIA	5601 BISCAYNE BLVD	MIAMI, FL 33137

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)(f), 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: *Patricia Dillard* PATRICIA DILLARD 305-655-1700  
Date *04/20/04* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

*TR*