


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR 2000 UBR  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 4:16

DOCUMENT # P99000080566

1. Corporation Name

MIAMI AVENUE HOLDING COMPANY

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
7270 NW 12TH STREET SUITE PH-9 MIAMI FL 33131	7270 NW 12TH STREET SUITE PH-9 MIAMI FL 33131

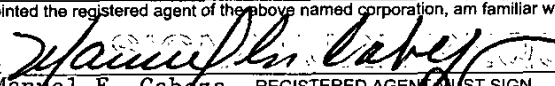


If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 525 Lincoln Road Suite, Apt. #, etc. c/o Rosinella-Restaurant City & State Miami Beach FL Zip 33139		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Country USA		4. Date Incorporated or Qualified To Do Business in Florida 09/10/1999	
5. FEI Number 65-0960626				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
PSTD	DOINO, TONINO	2555 COLLINS AVENUE APT. 2305	MIAMI BEACH FL 33140
			100003505741--2 -12/19/00--01053--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent GONZALEZ, RICARDO A P.A. 7270 NW 12TH STREET SUITE PH-9 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Manuel E. Cabeza Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Ave Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134	
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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  Date Dec. 6, 2000
 Manuel E. Cabeza REGISTERED AGENT MUST SIGN

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  Dec. 6, 2000 (305) 672-8777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Tonino Doino, President

CR2E040 (8/00)



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2 of 2

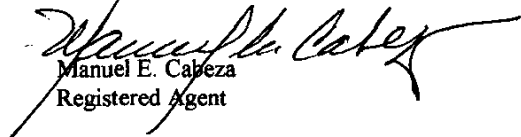
Dear Sir or Madam,

Pursuant to my telephone conversation with your office earlier today, I am enclosing the Application for Reinstatement and check in the amount of \$150.00.

We respectfully request that you waive the penalty fee in the amount \$600.00. Please note that we did not receive the original annual report form nor the second notice informing us that the company would be dissolved. This is our first year of incorporation and we intend to make all future annual report filings promptly and within the permitted filing periods.

Thank you for your assistance in this matter. Should you have any questions please contact me.

Sincerely yours,


Manuel E. Cabeza
Registered Agent

