


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 OCT 16 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

DOCUMENT # P99000085061

1. Corporation Name

MAINSTREAM COMMUNITY DEVELOPMENT CORPORATION OF  
MIAMI, INC.

Principal Place of Business	Mailing Address
655 NW 125TH ST MIAMI FL 33168	PO BOX 680100 MIAMI FL 33168

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

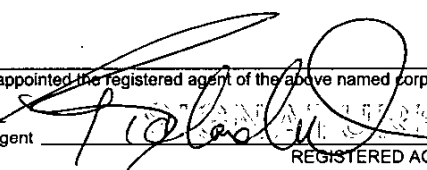
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/23/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0945153	
				Applied For	
				Not 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
P/D	RICHARD WILKERSON	220 Golden Beach Drive	Golden Beach, FL 33160
D	Kerry Koopman	1619 3 SW Dewberry Lane	Tigard, OR 97223
D	Klauntrelle S. Long	17300 NW 32 AVE	MIAMI, FL 33056
7800003447717--7 -11/01/00--01111--007 ****236.25 ****236.25			
REINSTATEMENT 2000			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILKERSON, RICHARD P 655 NW 125TH ST MIAMI FL 33168		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	REGISTERED AGENT MUST SIGN	Date
		10/13/00

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:  Klauntrelle S. Long 10/13/00 305 6858923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)