PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENTADE STATE APPLICATION Katherine Harris Secretary of State FILED DIVISION OF CORPORATIONS 00 HOV-8 - AM 10:-26-P99000104503 DOCUMENT # 1.\_Corporation Name SECRETARY OF STATE.
TACCAHASSEE, FERRIDA CARRAN REAL ESTATE INVESTORS, INC. Principal Place of Business Mailing Address 781 CAROLINE AVENUE 781 CAROLINE AVENUE WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 4104 LUZON AVE Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 12/02/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0965193 Not Applicable Dorth \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status Beac 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director City / State / Zip and/or Directors Title(s) CARRAN, RUSSELL **PSD** 4164 Wisn 781-CAROLINE AVENUE VTD CARRAN, ESTHER HOY Luzon 200003**485602--**-12/05/00--01013-<u>-0</u>04 \*\*\*\*150.00 \*\*\*\*150.00 9. Name and Address of New Registered Agent. 8. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE Suite, Apt. #, Etc. CORAL GABLES FL 33134 Zip Code City State 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. ATURE Signature of Registered Agent 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. 10/18/00 ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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