

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



1997 + 1998

FILED

98 JAN - 8 PM 2:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S17391**

1. Corporation Name
ABG REAL ESTATE DEVELOPMENT COMPANY OF FLORIDA, INC.

Principal Place of Business Mailing Address
c/o M2 Realty Corporation c/o M2 Realty Corporation
1401 Brickell Ave, #630 1401 Brickell Avenue, #630
Miami, FL 33131 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		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT *AD 1/8*

4. Date Incorporated or Qualified To Do Business in Florida
12/11/1990

5. FEI Number
65-0233477

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	Nathan Lewin	1401 Brickell Avenue, #630	Miami, FL 33131
S	Ira M. Levenshon	1401 Brickell Avenue, #630	Miami, FL 33131

900002398029--6
 01/13/98-D1030-026
 ****900.00 ****300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Ira M. Levenshon c/o M2 Realty Corporation 1401 Brickell Avenue, Suite 630 Miami, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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]* Date: **12/18/97**
Ira M. Levenshon REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* 12/18/97 (305) 373-9800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ira M. Levenshon, Secretary Date Daytime Phone #

CPREC040 (12/96)