	PLICATION FOR STATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	ortham State	FILED
1. Corpora	UMENT # \$5744 Ition Name ITE PROPERTIES, INC.	8		97 NOV 24 PM 2: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
EL LAUDER	•	Malling Address *823 GW TZTH AVENUE FI LAUDENDALE FL 93312 LIC	REIN	STATEMENT 4
Bulte, Apt.	ton manors 34 Country USA	3. New Mailing Office Address, P. 2825 NE 6 Sulte, Apt. W, etc. City & State Fort Lavbers Zip 33334	If Applicable The Ave To Do B If Applicable To Do B If Applicable To Do B If Applicable To Do B To Do B	Not Applicable CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names	lames and Street Addresses of Each Officer and/or Director (Florida nonprofit of Name of Officers and/or Directors		treet Address of Each Ifficer and/or Director Use Post Office Box Numbers)	City / State / Zip
PIVS	2 3 (Do NOT U:		WENNE	FT. LAUDERDALE FL 89812 33334
	CRAW, ROBERT \$28 25 A 25 CRAW, ROBERT		NE 6TH AVE. NE 6TR AVE	FT. LAUDERDALE FL 22312- 3 3 3 3 4
			3	3000023582635 -11/26/97-01094-009 ****750.00 *****750.00
8. Name and Address of Current Registered Agent			9. Name at	nd Address of New Registeled Agent
CRAW, ROBERT S20 SW 127FAVENUE 2825 NE 674 AVE FT LAUDERDALE FL 33312			Street Address (P.O. Box Num Sulte, Apt. #, Etc.	,
10. I, being appointed the registered agent of the above named corporation, am familiar wi			City	State Zip Code FL
30. I, being Signature o Registered		a named corporation, am tamillar t	with and accept the obligations of S	Date 11/19/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR