

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
99 JAN -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002740751--8
-01/13/99-01103-035
***1658.75 ***1658.75

DOCUMENT # S73302
1. Corporation Name
9P BALMORAL CORP.

Principal Place of Business	Mailing Address
1170 SW 18th Street	P.O. Box 450-427
Miami, FL 33129-2536	Miami, FL 33245-0427

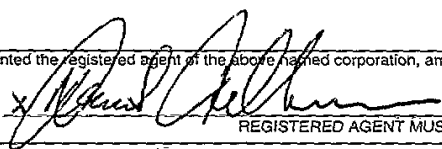
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

4. Date Incorporated or Qualified To Do Business in Florida	08/14/91
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Abraham Douer	9801 Collins Ave. #9P	Bal Harbour, FL 33154
S/D	Sara Douer	9801 Collins Ave. #9P	Bal Harbour, FL 33154
			100002740751--8 -01/13/99-01103-034 ***150.00 ***150.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
David Feldman, Esq. 407 Lincoln Rd # 701 Miami Beach, FL 33139	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  Date 1/4/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(See other side for information on intangible tax.)
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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)(f), 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: 	SARA DOUER S/D	11/15/98	(305) 858-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #