

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

98 FEB 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S 74227

1. Corporation Name
THE PROPERTY COUNSELOR, INC.
W98-2146

Principal Place of Business Mailing Address
**299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134**

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
5. FEI Number
6. CERTIFICATE OF STATUS DESIRED:

500002441035-4
-02/25/98-01098-010
****114.75****114.75

REINSTATEMENT

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	MUNDI GILBERT	5500 MACDONALD AVE.	MONTREAL, CANADA
V/D	ADRIAN T. GILBERT	5900 CAVENDISH BLVD.	MONTREAL, CANADA
V/S/D	RENE DAGO	2346 S.W. 17 TERRACE	MIAMI, FL 33145
D	AUGUSTO MENENDEZ, JR.	CALLE HABANA NO. 72	MADRID, SPAIN
T/D	LUIS A. RAMUDO	13701 S.W. 103 AVENUE	MIAMI, FL 33176
ASS'T. T/S	JOSEFINA ZALDIVAR	11255 S.W. 74 TERRACE	MIAMI, FL 33173

8. Name and Address of Current Registered Agent
**HENRY E. MARKS
300 SEVILLA AVENUE
CORAL GABLES, FL 33134**

9. Name and Address of New Registered Agent
Name **RENE DAGO**
Street Address (P.O. Box Number if No. Applicable) **299 ALHAMBRA CIRCLE**
Suite, Apt. #, Etc. **SUITE 404**
City **CORAL GABLES** State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent *[Signature]* Date **JANUARY 11, 1998**
REGISTERED AGENT MUST SIGN **RENE DAGO**

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 807 or 817, 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)(b), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADRIAN T. GILBERT, Vice-President
Date **01/11/98** Daytime Phone # **(305) 445-1524**