

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Tom Smith  
Secretary of State  
DIVISION OF CORPORATIONS

S92311

DO NOT WRITE IN THIS SPACE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -6 PM 12: 59

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**  
 D. ALEXANDER, INC.  
 16141 E. TROON CIRCLE  
 MIAMI LAKES, FL 33014

S92311

4/26/97

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
19631 WEST LAKE DRIVE

City and State  
MIAMI, FLORIDA 33015

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

4. Date Incorporated or Qualified To Do Business in Florida: 11/5/91

5. FEI Number: 65-0292996

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status. CERTIFICATE OF STATUS DESIRED

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
D	ROBERT MENCIA	19631 WEST LAKE DRIVE	MIAMI, FL 33015
			600002454406--0 -03/11/98--01109--020 ***915.00 ***915.00
			REINSTATEMENT 1997-1998
			BK Gus

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name  
ROBERT MENCIA

Street Address (Do NOT Use P.O. Box Number)  
19631 WEST LAKE DRIVE

Street Address (Do NOT Use P.O. Box Number)

City  
MIAMI

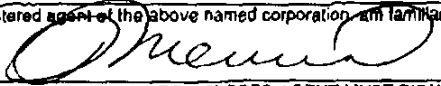
State  
FL

Zip  
33015

8. Name and Address of Current Registered Agent

BRETT FEINSTEIN, ESQ  
407 LINCOLN ROAD SUITE 2B  
MIAMI BEACH, FL 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

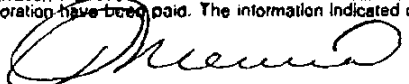
Signature of Registered Agent  Date 3/5/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. 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 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 817.0401, F.S., and that all fees owed by the corporation have been paid. 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 of Director  Date 3/5/98 Daytime Phone # (305) 829-9376