PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
1997 MAY -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

9697

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

DOCUMENT # V41217

1. Corporation Name

1401 Ponce Development Corp.

Principal Place of Business	Mailing Address
2100 Ponce de Leon Blvd. Suite 601 Coral Gables, FL 33134	2100 Ponce de Leon Blvd. Suite 601 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
2100 Ponce de Leon Blvd.	2100 Ponce de Leon Blvd.
Suite, Apt. #, etc: Suite 601	Suite, Apt. #, etc: Suite 601
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/92

5. FEI Number: 65-0382679 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] [redacted]

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
PD	Saiden, Amin	2100 Ponce de Leon Blvd. Suite 601	Coral Gables, FL 33134
VP,D	Desaiden, Silvia A.	2100 Ponce de Leon Blvd. Suite 601	Coral Gables, Fl 33134
STD	Saiden, Silvia	2100 Ponce de Leon Blvd. Suite 601	Coral Gables, FL 33134

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Miguel G. Farra c/o Kaufman, Rossin & Co. 2699 So. Bayshore Drive, Suite 500 Miami, Fl 33133	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: [signature] Date: 4/30/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: Silvia A. DeSaiden 4/30/97 (305) 858-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Silvia A. DeSaiden