PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THUS THORM.			
APPLICATION OF FOR CORNER REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE ortham State	AND FILED 1998 MAR 27 PM 1: 07
DOCUMENT # V53709 1. Corporation Name *BIRD ROAD SHOPPING CENTER, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			
9795 S. W. 40th St. 12695 S. Dixie Hwy. Miami, FL 33173 Miami, FL 33156			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 12695 S. Dixie Hwy.		í Applicable Y •	Date Incorporated or Qualified To Do Business in Florida 07/28/92
Suite, Apt. #, etc. Suite, Apt. #, etc.		***************************************	5. FEI Number Applied For
City & State	City & State Miami, FL		65-0356158 Not Applicable
Zip Country	33156 Count	try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	· · · · · · · · · · · · · · · · · · ·		st 3 directors)
Title(s) Name of Officers and/or Directors	1 0	reet Address of Each Ifficer and/or Director Jse Post Office Box Nu	City / State / Zip
PD SHAYO, Eduardo	c/o Barbara Ray 12695 S. Dixie Hwy.		Miami, FL 33156
VSTD SHAYO, Raquel c/o Barbara Ray 1269 5 S. Dixie			Miami. FL 33156
		RI	1000024736018 -03/31/9801049021 ***1200.00 ***1200.00 EINSTATEMENT
		7 10	
9. Name and Address of Coursel D	Double and Agont	7	
8. Name and Address of Current Registered Agent Name Name			9. Name and Address of New Registered Agent Barbara Ray Go PRIOENTIAL FLARIDA
			O. Box Number is Not Acceptable)
Miami, FL 33139			95 S. Dixie Hwy.
			:1)
City Miami State Zip Code 33156			
10. I, being appointed the registered agent of the abov			- 1
Signature of Registered Agent REC	GISTERED AGENT MUST SIGN	PRIDONTAL	Par Leacer 3/24/98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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: Buser C Lay SIGNATURE AND TYPED OR PRINT Eduardo Shayo, 1	TEO NAME OF MIGNING OFFICER ORN	Barbara Ray	Date 3/24/98 (305) 235-3411 Dayline Phone # 423