

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M78485

FILED 96 DEC -2 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M78485

1. Corporation Name

1600 N.W. LEJEUNE, INC.

REINSTATEMENT 1990-96

Mailing Address

c/o Citibank 8750 Doral Blvd. Miami, FL 33178

c/o Citibank 8750 Doral Blvd. Miami, FL 33178

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida 4/29/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0048887

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED [XX] 58 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten notes and a stamp: 300002830563-4 -12/17/96--01069--012 \*\*\*1306.25 \*\*\*1306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard M. Sassi c/o Citibank 8750 Doral Blvd. Miami, Fl 33178

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 Richard M Sassi REGISTERED AGENT MUST SIGN

Date 11/21/96

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 [XX]

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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: Richard M Sassi VP/Secretary 11/21/96 (305) 599-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E44 (6/94)

STATE OF FLORIDA  
APPLICATION FOR REINSTATEMENT

1600 N.W. LEGUENE, INC.  
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7. Names and Street Addresses of Each Officer and/or Director

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
D/P	Carlos Palomares	8750 Doral Blvd.	Miami, Florida 33178
D/M/P/S	Richard M. Sassi	8750 Doral Blvd.	Miami, Florida 33178
D/CFO	Thomas F. Acton	8750 Doral Blvd.	Miami, Florida 33178
AS	Dale C. Lock	1 Sansome St., 27th Floor	San Francisco, CA 94104

Note: "AS" designates Assistant Secretary