

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 29 PM 2:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M95996**

1. Corporation Name
CITY SHOPPING CENTERS, INC.

Principal Place of Business
 5660 - 5682 WASHINGTON ST.
 HOLLYWOOD FL 33023
 US

Mailing Address
 2418 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020
 US



REINSTATEMENT *PH AD*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/23/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1805852	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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)

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
DST	ROSTAMIAN, BEN	2418 HOLLYWOOD BLVD. 9000 SHERIDAN ST #145	HOLLYWOOD FL PEMBROKE PINES, FL, 33024
DP	ROSTAMIAN, ZOHREH A.	2877 E. SIERRA DR.	WESTLAKE HILLS CA

7000002388887--1
 -01/05/98--01007--002
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSTAMIAN, BEN 2418 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		Name ROSTAMIAN, BEN Street Address (P.O. Box Number is Not Acceptable) 9000 SHERIDAN ST Suite, Apt. #, Etc. SUITE 145 City PEMBROKE PINES State FL Zip Code 33024	
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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 *B. Rostamian* Date **12-27-97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: *B. Rostamian* **BEN ROSTAMIAN** 12-27-97 954/432-9100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)