

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 26 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082108

1 Corporation Name

1000 ROSES INVESTORS CORP.

Principal Place of Business

Mailing Address

7225 NW 25 ST
SUITE 110
MIAMI FL 33122

C/O G.E. GRONDIN
7225 NW 25 STREET SUITE 110
MIAMI FL 33122
US

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

11/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0536283

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P	GRONDIN, G.E.	7225 NW 25 ST SUITE 110	MIAMI FL
VP	SIMON, GARY P.	9100 SOUTH DADELAND BLVD SUITE 5	MIAMI FL

300892046413--4
-01/06/97--01017--023
***375.00 ***375.00

REINSTATEMENT 1996
A. Grondin
12/26/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMON, GARY P
9100 S DADELAND BLVD
SUITE 504
MIAMI FL 33158

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

Gary Simon
REGISTERED AGENT MUST SIGN

Date 12/24/96

11. 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.)

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)(l), 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: *G.E. Grondin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/96 (305)592-7090
Date Daytime Phone #