

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 FORM AND FILED
96 NOV -6 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46099

1. Corporation Name
11020, INCORPORATED

Principal Place of Business Mailing Address
POST OFFICE BOX 143002 POST OFFICE BOX 143002
CORAL GABLES FL 33114 CORAL GABLES FL 33114

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT 9/6

4. Date Incorporated or Qualified To Do Business in Florida 04/15/1991
5. FEI Number 65-0261189 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HAYMES, KEVIN	648 BRICKELL AVE S1220	MIAMI FL

200001999912--5
11/09/96 01019 004
***375.00 ***375.00

JB11-10-96

8. Name and Address of Current Registered Agent
STENMAN, JAY E
100 SE 2ND STREET
3500 INTERNATIONAL PLACE
MIAMI FL 33131

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 11/4/96

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)(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: [Signature] REGISTERED AGENT MUST SIGN Date 11/4/96 Daytime Phone #

CRE2040 (7/96)