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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						04	FILI JUL 07		12: 42		
DOCUMENT # 565169 1. Corporation Name									T	SECF	RETARY AHASSE	Gr S E, FL	FATE ORIDA	
33RD AVE. INVESTMENTS, INC. 2237 N. COMMERCE PARKWAY 2237 N. COMMERCE PARKWAY														
•	Office Addre		ARKWAY	3. Mailing Office Address 2237 N. COMMERCE PARKWAY				REIN						تبادين بمحمد ي
Suite, Apt. #, etc. SUITE #3				Suite, Apt. #, etc. SUITE #3				05/19/00 90045 011 \$5150.0 4. Date Incorporated or Qualified To Do Business in Florida 1-10-1978						
City & State WESTON, FL.				City & State WESTON, FL.				5. FEI Number Applied For 65-0119150 Not Applicable						
Zip 33326	Country US		<i>'</i>	Zip 33326		Country US		6. CERTIFICATE OF STATUS DESIRED S					onal Fee rec Icate of Sta	guired
			<u> </u>	7. N	ame and A	ddress of Curre	nt Register	red Agent						
)39	- 1733	29:	9	
	Street Add 2237 N	ress (P.C COM). Box Number is N MERCE PAR	ot Acceptable)	Acceptable) WAY				9/194	-010 :	5700 7	**	600 .00	
	Suite, Apt. #, Etc. SUITE #3												7	
	City								State Zip Code FL 33326					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN														
9. Names	and Street Ad	ddresses	of Each Officer and	/or Director (Flo	rida nonpro	fit corporations m	nust list at le	ast 3 directors)						
Titles	Name of Officers and/or Directors			Street Address of E Officer and/or Dire										
PSTD	BRISSO	AN CLAUDE		1080 ST MATHIEU, APT #				MONTREAL PQ, CANADA H3H 2S8					.SE	
VPD	DESCHAMPS, MARCELLE				1080 ST MATHIEU, APT #203			203	MON	TREA	L PQ CA	NADA	. H3H 2:	S8
D	BRISSO	N, CA	THERINE	1080 ST MATHIEU, APT #				203 MONTREAL PQ CANADA H3H 2S8					S8	
D	BRISSO	N, GR	EGOIRE	1080 ST MATHIEU, APT			, APT #:	203 MONTREAL PQ CANADA H3H 2S8					S8	

10. 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: **Example: **Description** 954-385-3637*														
	Si	GNATURI	E AND TYPED OR PR	INTED NAME OF	SIGNING OF	FICER OR DIRECT	ОЯ		Date		Dayt	me Phone	#	Ì

ROSS H. MANELLA, P.A. Attorney at Law

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Ross H. Maneila*
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Reply to: WESTON

July 2, 2004

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL. 32399

Re: 33RD AVE. INVESTMENTS, INC. DOCUMENT NO. 565169

Att: Catherine Ashton

Dear Ms. Ashton;

Enclosed you will find the reinstatement form for the above referenced corporation and a check in the amount of \$600.00 as per our telephone conversation this date. The preprinted 2000 Annual Report from the Division of Corporations on this corporation was printed correct with names and address for each officer. Per Sean Tuner of your office please waiver the reinstatement fee and reinstate this corporation.

Should you have any questions please do not hesitate to contact me.

Very truly;

ROSS H. MANELLA P.A.

PEGGY **B**INNEN OFFICE MANAGER