
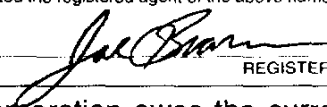



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		RECEIVED 99 FEB 8 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N43519 <small>1. Corporation Name</small>		REINSTATEMENT 98-99		
Principal Place of Business 7501 N. University Dr. Tamarac, FL 33321		Mailing Address P. O. Box 26806 FT Lauderdale, FL 33320 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction</small>		
<small>2. New Principal Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>3. New Mailing Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 5/22/91
				<small>5. FEI Number</small> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>				
<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	
P	Joe Braden "D"	8280 NW 68TH TERR.	Tamarac, FL 33321	
V	Linda Bua "D"	8117 NW 73RD TERR.	Tamarac, FL 33321	
S	Rob Cleaver "D"	7802 NW 71st St.	Tamarac, FL 33321	
T	Cal Lacombe "D"	4200 Seagrape # 1	Lauderdale By The Sea FL 33308	
				990002775959--7 -02/15/99--01133--007 ****306.25 ****306.25
<small>8. Name and Address of Current Registered Agent</small> Joe Braden 8280 NW 68th Terr. Tamarac, FL 33321			<small>9. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
<small>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.</small>				
Signature of Registered Agent  <small>REGISTERED AGENT MUST SIGN</small>			Date 1/20/99	
<small>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</small> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<small>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.</small>				
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/20/99 (H) 954-721-9596 <small>Date Daytime Phone #</small>	

CR2608 (1/2/98)