

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

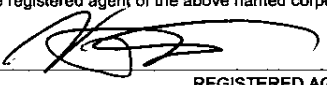
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CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000099267			
1. Corporation Name South Florida Classified			
2. Principal Office Address 2655 Lejeune Rd. Suite, Apt. #, etc. Suite 500		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME	
City & State Miami, Florida		City & State SAME	
Zip U.S.A	Country U.S.A	Zip Same	Country Same

4. Date Incorporated or Qualified To Do Business In Florida 10/20/2000	
5. FEI Number 651057488	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name VICTORIA WRIGHT			
Street Address (P.O. Box Number is Not Acceptable) 7740 SW 103 rd Place			
Suite, Apt. #, Etc. N/A			
City Miami	State FL	Zip Code 33173	


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:  REGISTERED AGENT MUST SIGN

Date: 1/15/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	VICTORIA WRIGHT	7740 SW 103 rd Place	Miam, FL 33173
Sec.	VICTORIA WRIGHT	" "	" "

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/15/03

Daytime Phone #: 305-271-0352

CR2E081 (10/02)