


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD/000102687
1. Corporation Name
Law office of Joan Morrison, PA

200065578522
02/10/06--01042--023 **1200.00
CR2E081 (12/05)

| | | | |
|--|--------------------|--|---------|
| 2. Principal Office Address 2800 West Oakland Park Blvd | | 3. Mailing Office Address <i>Same</i> | |
| Suite, Apt. #, etc. 207A | | Suite, Apt. #, etc. | |
| City & State City of Oakland Park | | City & State | |
| Zip 33311 | Country Broward | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
651155408

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joan Morrison

Street Address (P.O. Box Number is Not Acceptable)
2800 West Oakland Park Blvd

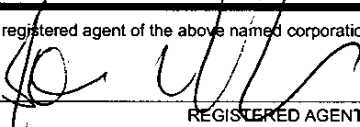
Suite, Apt. #, Etc.
207

City
Oakland Park

State
FL

Zip Code
33311

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.

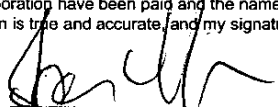
Signature of Registered Agent  Date *1/18/06*

REGISTERED AGENT MUST SIGN

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 |
|----------|-----------------------------------|--|----------------------------|
| Pres | Joan Morrison | 2800 W. Oakland Park Blvd, Ste 207, | Oakland Park, Fl 33311 |
| Vic Pres | Wayne Hamilton | 1455 NW 113th Way | Pembroke Pines F; 33026 |
| | | | <i>B 1/28/06</i> |
| | | | REINSTATEMENT 03-04 |
| | | | |
| | | | |

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 contained in Chapter 119, 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:  *Joan Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/18/06* Daytime Phone # *954 232 0272*