

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 AND FILED

1998 FEB -4 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017571

1. Corporation Name
Willie the Hippo, Inc.

Principal Place of Business Mailing Address
902 Cypress Terrace POMPANO BEACH, Fla 33069
~~902 Cypress Terrace POMPANO BEACH, Fla 33069~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4852 S.E. MARINER VILLAGE Lane Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 4852 S.E. MARINER VILLAGE Lane Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business In Florida
City & State STUART, Florida	City & State STUART, Fla	5. FEI Number 65-0392242
Zip 34997	Country U.S.A.	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PNY	Guillermo J. Behrens	4852 S.E. MARINER VILLAGE Lane	STUART, Fla. 34997
			100002427121--4 02/10/98 01087 018 ***1350.00 ***1350.00

REINSTATEMENT 94-980 100 2/11/98

8. Name and Address of Current Registered Agent

Guillermo J. Behrens
902 Cypress Terrace
POMPANO BEACH, Fla. 33069

9. Name and Address of New Registered Agent

Name
Guillermo J. Behrens
Street Address (P.O. Box Number is Not Acceptable)
4852 S.E. MARINER VILLAGE Lane
Suite, Apt. #, Etc.
City
STUART
State
FL
Zip Code
34997

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.

Signature of Registered Agent *Guillermo J. Behrens* (Guillermo J. Behrens) Date 1/31/98
REGISTERED AGENT MUST SIGN

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: *Guillermo J. Behrens* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date JAN 31, 98
Daytime Phone # (561) 221-0512

CR2E040 (12/96)