


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94 000002000

1. Corporation Name
THE ST. JOSEPH GROUP, INC.

2. Principal Office Address
5711 N.W. 62 Manor

Suite, Apt. #, etc.

City & State
Parkland, FL

Zip Country
33067 USA

3. Mailing Office Address
3300 University Drive

Suite, Apt. #, etc.

711
City & State
Coral Springs

Zip Country
FL 33065

REINSTATEMENT 0204

4. Date Incorporated or Qualified To Do Business in Florida 01/10/1994

5. FEI Number 65-0462646 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 Jeffrey B. Kahn, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3300 University Drive

Suite, Apt. #, Etc.
711

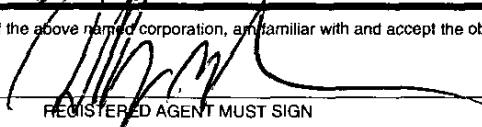
City Coral Springs

State Zip Code
FL 33065

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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 4/29/04

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
D, P, S	Balsamo, Ronald J.	5711 N.W. 62 Manor	Parkland, FL 33067

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:

 Ronald J. Balsamo

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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