


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

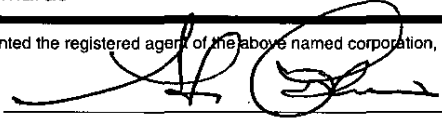
REINSTATEMENT 2004

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000052819			
1. Corporation Name West Broward Real Estate, Inc. 7146 Nob Hill Road			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tamarac, Florida		Tamarac, Florida	
Zip	Country	Zip	Country
33321	USA	33321	USA

4. Date Incorporated or Qualified To Do Business in Florida 7/18/94	
5. FEI Number 650505995	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Alan Oshins		
Street Address (P.O. Box Number is Not Acceptable) 7146 Nob Hill Road		
Suite, Apt. #, Etc.		
City Tamarac	State FL	Zip Code 33321

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.

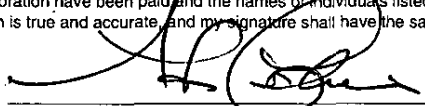
Signature of Registered Agent:  Date: 10/28/04

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
D	Alan Oshins	7146 Nob Hill Road	Tamarac, Fl. 33321
D	Roni Oshins	7146 Nob Hill Road	Tamarac, Fl. 33321

200042362692
11/01/04--01066--017 **750.00

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)(l), 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:  Date: 10/28/04 Daytime Phone #: 954-722-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)