


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 12 PM 12:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900002113439--1 03/14/97--01033--001 ****923.75 ****923.75	
DOCUMENT # <u>PA5000054046</u> 1. Corporation Name STRAIGHT LINE MANAGEMENT, INC.				REINSTATEMENT <u>10-97</u> <small>DO NOT WRITE IN THIS SPACE</small>	
Principal Place of Business 1700 S. Dixie Highway Boca Raton, FL 33432		Mailing Address 1700 S. Dixie Highway Boca Raton, FL 33432			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable <u>16411 N.E. 19th Ave.</u> <small>Suite, Apt. #, etc.</small> City & State <u>N. Miami Beach, FL.</u> <small>Zip Country</small> <u>33179 USA</u>		3. New Mailing Address, if Applicable <u>1132 East Mowry Dr.</u> <small>Suite, Apt. #, etc.</small> City & State <u>Homestead, FL</u> <small>Zip Country</small> <u>33030 USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>7/13/95</u> 5. FEI Number <u>65-0679539</u> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D/Pres.	LOIS BAGLEY	1466 N.E. 181st St.	N.M.B., FL 33162		
Sec.	DAVID BOYCE	16411 N.E. 19th Avenue	N.M.B., FL 33162		
Treas.	JOHN GIBSON	19222 N.E. 10th Avenue	N.M.B., FL 33162		
D/VP	DOROTHY ROSE	1466 N.E. 181st St.	N.M.B., FL 33162		
8. Name and Address of Current Registered Agent GERALD D'AMBROSIO 1700 S. Dixie Highway Boca Raton, Fl. 33432			9. Name and Address of New Registered Agent Name Jeremy A. Koss, Esq. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard Suite, Apt. #, Etc. 265-S City Hollywood, State FL Zip Code 33021		
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 _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			Date <u>3/11/97</u>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>David Boyce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>			DAVID BOYCE, Sec. 3/11/97 (305)246-2084 <small>Daytime Phone</small>		