

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000025443			
1. Corporation Name DEVKEN INC.			
2. Principal Office Address 5824 NW 83 RD TERR.		3. Mailing Office Address 5824 NW 83 RD TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARKLAND, FL.		City & State PARKLAND, FL.	
Zip 33067	Country USA	Zip 33067	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3-18-96		5. FEI Number 65-0649357	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name VINCE BEATTY		700004683137-9	
Street Address (P.O. Box Number is Not Acceptable) 5824 NW 83 RD TERRACE		-11/15/01--01023--002	
Suite, Apt. #, Etc.		****308.75 ****308.75	
City PARKLAND		State FL	Zip Code 33067
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 <i>[Signature]</i>		Date 10-27-01	
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
PST	VINCE BEATTY	5824 NW 83 RD TERR.	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: <i>[Signature]</i>		10-27-01 (954) 575-9177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR20081 (8/00)

DEVKEN INC.

DIVISION OF CORPORATIONS,

I JUST LEARNED (VERY SURPRISINGLY)
THAT MY ACCOUNTANT WHO WAS THE
FORMER REGISTERED AGENT FOR DEVKEN INC.
HAS NOT FILED OR FORWARDED THE
PAPERWORK FOR ANNUAL FEES. HE IS VERY
ILL WITH CANCER SO I CANNOT BE TOO
UPSET WITH HIM. I SPOKE WITH A
REPRESENTATIVE AT THE DIVISION AND THEY
TOLD ME TO WRITE DOWN MYSELF AS
THE REGISTERED AGENT ON THE REINSTATEMENT
FORM AND TO SEND IN A CHECK FOR \$300.
I AM ALSO ENCLOSING \$8.75 FOR A
CERTIFICATE OF STATUS.

THANK YOU,

[Handwritten Signature]