


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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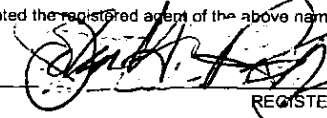
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>CORPORATION REINSTATEMENT</b>  <b>01-03</b> <b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 098006020889 <b>1. Corporation Name</b> Elderfriend Inc.	
<b>2. Principal Office Address</b> 1499 W. Palmetto Pkwy. Suite, Apt. #, etc. 170 City & State Boca Raton FL Zip 33486 Country Palmbch	<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc. City & State Zip Country

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5/18/98	
<b>5. FEI Number</b> 65-0822300	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b> Name John H Rodriguez Street Address (P.O. Box Number is Not Acceptable) 1020 NW 5th St Suite, Apt. #, Etc. Boca Raton City State FL Zip Code 33486	
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<b>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.</b> Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 3/4/03	
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<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	John H. Rodriguez	1020 NW 5th St	Boca Raton FL
Vice	Maurice C Rodriguez	1020 NW 5th St	Boca Raton FL

<b>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.</b>	
<b>SIGNATURE:</b> MC Rodriguez / MC Rodriguez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/5/03 Daytime Phone # 561-417-9272

gs 3/10

CR2E081 (10/02)