PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 NOV 28 PM 1: 31
DOCUMENT # P9300 1. Corporation Name BERESFORD IN	0048401 IVESTMENT CORP.	SECRETARY OF STATE TALLAHASSEE, FEORIDA
2. Principal Office Address 980 No. FEDERAL HIGHWAY Suite, Apt. #, etc. 430 City & State BOCA RATON, FL Zip Country 33432 USA	3. Mailing Office Address 980 No, FEDERAL HIGWAY: Suite, Apt. #, etc. 430 City & State BOCA RATON FL Zip Country 33432 USA	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number - Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED St. St. Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
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 11-22-00 REGISTERED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at lea	
Titles Officers and/or Directors RESIDENT RADDOCK, JAY J	Officer and/or Director	EAN BUND BOCA RATON, FL 33+32
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10. I certify that I am an officer or director or the rece	eiver or trustee empowered to execute this application as p	provided for in chapter 607 or 617, F.S. I further certify that when filling
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		