

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 20 PM 2:06	
DOCUMENT # 602701					
1. Corporation Name E. RANDALL BEIDER, ATTORNEY, P.A.					
2. Principal Office Address 4740 S. OCEAN BLVD. Suite, Apt. #, etc. #104 City & State HIGHLAND BCH, FL Zip 33487 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country SAME		4. Date Incorporated or Qualified To Do Business in Florida 2-17-71 5. FEI Number 59-1316392 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name E. RANDALL BEIDER Street Address (P.O. Box Number is Not Acceptable) 4740 S. OCEAN BLVD. Suite, Apt. #, Etc. #104 City HIGHLAND BCH State FL Zip Code 33487					
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 12-17-2001 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		
PRES	E. RANDALL BEIDER	4740 S OCEAN BLVD #104	HIGHLAND BCH, FL 33487		
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
				12-17-2001	561-620-0006

CR25001 (9/00)