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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAY -5 PM 5:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 738330 1. Corporation Name North Miami Jaycees, Inc.					
2. Principal Office Address 12100 West Dixie Highway Suite, Apt. #, etc.		3. Mailing Office Address 12100 West Dixie Highway Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1952	
City & State North Miami, FL		City & State North Miami, FL		5. FEI Number 58-1843588	
Zip 33161		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name Saslaw, Gary		700036282067 05/14/04--01004--020 ***122.50			
Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Boulevard					
Suite, Apt. #, Etc. Suite 304					
City North Miami Beach,		State FL			
		Zip Code 33180			
8. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations of section 607.0605 or 617.0605, F.S.					
Signature of Registered Agent _____ Date 4/28/04					
REGISTERED AGENT MUST SIGN					
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	ALAN SOKOL	18634 N.E. 18th AVENUE #238	N. MIAMI BEACH, FL 33179		
VP	HEATHER JANIKSON	770 N.W. 148th STREET	MIAMI, FL 33168		
VP	EVAN S. MORGAN	20220 N.E. 3rd COURT #8	N. MIAMI BEACH, FL 33179		
Treas.	F. JEFFRIES NELD	12500 N.E. 15th AVE #111	N. MIAMI, FL 33161		
10. I certify that I am an officer or director of 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)(c), 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: <u>Alan Sokol</u> <u>ALAN SOKOL, PRES.</u> <u>APRIL 29, 2004</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR _____ Date _____					

954-564-1732

P. J. K. W. R.

**North Miami Jaycees, Inc.
12100 West Dixie Highway
North Miami, Florida 33161
305-893-3030**

April 23, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Re: North Miami Jaycees, Inc., FEIN 59-1843588, Doc. Number 739330
Corporation Reinstatement Fee Waiver (Non-Profit)

Dear Representative:

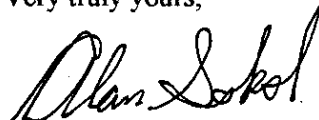
Attached to this letter, please find the completed Corporate Reinstatement Application for the North Miami Jaycees, Inc., along with a check in the amount of \$122.50, covering corporate annual report fees for 2003 and 2004.

According to your recorded telephone message, the penalty of \$175.00 may be waived if the corporation did not receive the appropriate Annual Report form from the State of Florida.

We were made aware of the failure to file by the administrator of a related entity, who did a record search for our non-profit corporation and discovered the dissolution. A search of our correspondence showed that the North Miami Jaycees, Inc. did not receive the preprinted Annual Report form from the State of Florida for either 2003 or 2004.

We hereby request the waiver of the \$175.00 penalty, based on the reasons stated above. Please advise us of your findings at the address stated at the top of this letter. Thank you in advance for your attention to this matter.

Very truly yours,



Alan Sokol
President
North Miami Jaycees, Inc.