


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE 99-021UBR DIVISION OF CORPORATIONS	
DOCUMENT # 740726					
1. Corporation Name Ely Estates Tenant Organization, Inc W02000002284					
2. Principal Office Address 1620 N.W. 6 Ave. Suite, Apt. #, etc.		3. Mailing Office Address 1620 N.W. 6 Ave. 1651 N.W. 6 Ave. Suite, Apt. #, etc. 55		FILED 02 FEB 18 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State Pompano Bch, FL		City & State Pompano Bch, FL			
Zip 33060	Country Broward	Zip 33060	Country Broward	4. Date incorporated or Qualified To Do Business in Florida 11/8/1977	
5. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				Additional Fee required for a Certificate of Status \$3.75	

7. Name and Address of Current Registered Agent	
Name Willie Ruth Heath	400005097374-8
Street Address (P.O. Box Number is Not Acceptable) 1651 N.W. 6 Ave.	-03/12/02-01058-086
Suite, Apt. #, Etc. #55	****253.75 ****253.75
City Pompano Bch,	State FL
	Zip Code 33060

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 **Willie Ruth Heath** Date **12/28/01**

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
P/O	Charlotte Oliver	1640 N.W. 7th Ave.	Pompano Bch, FL 33060
V/O	Evelyn Baker	1650 N.W. 6th Ave.	Pompano Bch, FL 33060
T/O	Annie L. Smith	541 N.W. 16 Ct.	Pompano Bch, FL 33060
D/S	Willie Ruth Heath	1651 N.W. 6 Ave.	Pompano Bch, FL 33060
A/S	Pat Mack	510 N.W. 16 Ct.	Pompano Bch, FL 33060

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: **Willie Ruth Heath** **Willie Ruth Heath** Date **12/28/01** Home **954 946-3442** Daytime Phone # **954 946-3442**

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