PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO ISTATEME	Carried Landson	Secret	RTMENT OF STATE ary of State F CORPORATIONS	L	CT 21 PM			
1. Corpora	ation Name	# 752055 WARD BUSINE	ESS, COUNCI	L, INC.			નો		
2. Principal Office Address 2801 N. 38 AVENUE Suite, Apt. #, etc.			3. Mailing Office Address P.O. BOX 6091 Suite, Apt. #, etc.		EMS	TATEN	ient <u>o</u>	(-03)	
City & State HOLLYWOOD, FL Zip Country			City & State HOLLYWOOD, FL Zip Country		4. Date Incorporated or Qualified APRIL 16,-1980 5. FEI Number Applied For Not Applicable 6 \$9.75 Additional Fee required				
33021	L	JSA	33081-6091	USA		E OF STATUS DESIRE		coat Fee required ficate of Status	
	7. Name and Address of Current Registered Agent Name JAMES J. STOODLEY Street Address (P.O. Box Number is Not Acceptable) 2801 N. 38 AVENUE 10/21/0301158014 **358.7 Suite, Apt #, Etc. City HOLLYWOOD State Zip Code 33021							ਰ 358 . 75	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation Signature of Registered Agent REGISTERED AGENT MUST SIGN						pations of section 607.0505 or 617.0503, F.S. OCTOBER 15, 2003			
9. Names	s and Street Addr	esses of Each Officer and	Vor Director (Florida nor	profit corporations must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
PD	JAMES J. STOODLEY			2801 N. 38 AVENUE		HOLLYWOOD, FL 33021			
VPD	MARK L. SALTZ		350	3501 GRIFFIN ROAD		FT. LAUDERDALE, FL 33312			
TD	MALCOLM A. LEONARD			3810 HOLLYWOOD BLVD.		HOLLYWOOD, FL 33021			
D	JAMES GRANT			6109 PEMBROKE ROAD		HOLLWOOD	D. FL 33023	1K(0)2M	

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 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.

5754 JOHNSON STREET

19495 BISCAYNE BLVD.

SIGNATURE:

TERRY HAVEL

BRUCE A. ROBERTS

D

D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10/15/2003 (954) 962-9997

HOLLYWOOD, FL 33021

AVENTURA, FL 33180

Daytime Phone #