

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 APR -2 AM 5:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 754698

1. Corporation Name
 FLORIDA GOLD COAST SWIMMING, INC.

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 -04/07/98--01070--014
 ****796.25 ****796.25

Principal Place of Business Mailing Address
 2627 Alamanda Ct.
 Ft. Lauderdale, FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 2627 Alamanda Ct.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 same
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 31-1012803

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Jack Nelson	503 Seabreeze Blvd.	Ft. Lauderdale, FL 33316
VP/D	Jimmy Parmentor	2502 NE 6 Ave.	Wilton Manors, FL 33305
VP/D	Dick Cavanah	951 US Highway #1	N. Palm Beach, FL 33408
VP/D	Irene Gordon	1057 NW 83 Dr.	Coral Springs, FL 33071
T/D	Alice Kempthorne	2627 Alamanda Ct.	Ft. Lauderdale, FL 33301

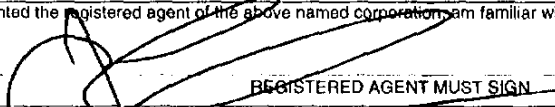
8. Name and Address of Current Registered Agent

REINSTATEMENT 89-98
 34-3-98

9. Name and Address of New Registered Agent

Name
 John S. Andrews Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 Andrews Phillips & Galatis
 Suite, Apt. #, Etc.
 1501 NE 4 Ave.
 City
 Ft. Lauderdale
 State
 FL
 Zip Code
 33304

10. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 3/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 3/26/98 Daytime Phone # 954/524-2656

CR2E040 (1/98)