PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 JAN 19 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F30471

1. Corporation Name
Dalamar, Corp.

Principal Place of Business
~~17950 Foxborough Lane~~
~~Boca Raton, FL 33496~~

Mailing Address

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

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable
2332 ORCHARD DR
Suite, Apt. #, etc
City & State
APOPKA, FL
Zip 32712 Country USA

3. New Mailing Office Address, If Applicable
2332 ORCHARD DR
Suite, Apt. #, etc
City & State
APOPKA, FL
Zip 32712 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
5/22/1981

5. FEI Number
59-2099545
Applied For
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	David Abrams	17950 Foxborough Lane	Boca Raton, FL 33496
D	Bernard Ferrari	8508 Bonita Isle Dr.	Lake Worth, FL

FLORIDA DEPARTMENT OF STATE
02/03/98 01098 011
***150.00 ***150.00

8. Name and Address of Current Registered Agent

David Abrams
~~17950 Foxborough Lane~~
~~Boca Raton, FL 33496~~

9. Name and Address of New Registered Agent

Name
DAVID ABRAMS
Street Address (P.O. Box Number is Not Acceptable)
2332 ORCHARD DR
Suite, Apt. #, Etc.
City
APOPKA
State FL Zip Code 32712-

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 David Abrams
REGISTERED AGENT MUST SIGN

Date 1/16/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

1/16/98

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: David Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Abrams, President

1/16/98
Date

(407)889-2332
Daytime Phone #

CR2E045 (12-96)