


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006262					
1. Corporation Name MANATEE PROPERTIES INC. OF DELAWARE CORP. 950 N. Federal Hwy, #109 Pompano Beach, FL 33062					
2. Principal Office Address Same as above		3. Mailing Office Address same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 12/3/96	
5. FEI Number 59-3514481				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name GEORGE EDWARDS, ESQ.					
Street Address (P.O. Box Number is Not Acceptable) 950 N. Federal Hwy., #109					
Suite, Apt. #, Etc.					
City Pompano Beach, FL		State FL		Zip Code 33062	
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 <i>George Edwards</i>				Date 9-7-01	
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/T/S	REGINA CINELLI	950 N. Federal Hwy #109		Pompano Beach, FL 33062	
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: <i>Regina Cinelli</i>		Date 8-6-01		Daytime Phone # 954 781-0444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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