


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H45736			
1. Corporation Name  DEWHURST, INC.			
2. Principal Office Address 902 Clint Moore Road Suite, Apt. #, etc. Suite 110 City & State Boca Raton, FL Zip 33487		3. Mailing Office Address 902 Clint Moore Road Suite, Apt. #, etc. Suite 110 City & State Boca Raton, FL Zip 33487	
Country US		Country US	
4. Date Incorporated or Qualified To Do Business in Florida 3/6/85		5. FEI Number 59-2513080	
Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert S. Forman, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd.			
Suite, Apt. #, Etc. Suite 4100			
City Fort Lauderdale		State FL	Zip Code 33309
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 Robert S. Forman		Date 12-13-01	
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
D/P S/T	Steven M. Dewhurst	902 Clint Moore Road, #110	Boca Raton, FL 33487
			400004745214--S -12/31/01--01071--005 ***1808.75 ***1808.75
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: Steven M. Dewhurst		12/13/01 561-241-1540 Date Daytime Phone #	

FILED  
2001 DEC 17 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-01

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