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
99 APR 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63494

1. Corporation Name

BMI DEVELOPMENT, INC.

Principal Place of Business / Mailing Address

c/o Stephen R. McInerny, II
3380 S.W. 2nd Street
Deerfield Beach, FL 33441

REINSTATEMENT 97-99 ar

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Address, If Applicable

c/o William Scheu
Suite, Apt. #, etc
6825 Trade Wind Way
City & State
Lantana, FL
Zip 33462 | Country USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: February 6, 1989

5. F.E.I. Number: 65-0098835 | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DP	WILLIAM SCHEU	6825 Trade Wind Way	Lantana, FL 33462
DS	STEPHEN R. McINERNY, II	6637 N.W. 112th Avenue	Parkland, FL 33076
DT	JOSEF MAGER	981 N.E. 27th Avenue	Pompano Beach, FL 33062

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***1085.00 ***1085.00

8. Name and Address of Current Registered Agent

STEPHEN R. McINERNY, II
3380 S.W. 2nd Street
Deerfield Beach, FL 33441

9. Name and Address of New Registered Agent

Name: JOHN P. WILKES
Street Address (P.O. Box Number is Not Acceptable): 150 North Federal Highway
Suite, Apt. #, Etc: Suite 200
City: Fort Lauderdale | State: FL | Zip Code: 33301

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: [signature] REGISTERED AGENT MUST SIGN

Date: 4/29/99

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

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 4/29/99