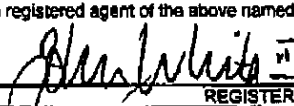
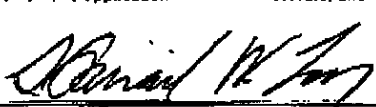


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # L91089</b>			
<b>1. Corporation Name</b> <b>HOWARD LONG INTERNATIONAL, INC.</b>			
<b>2. Principal Office Address</b> <b>235 S. County Rd.</b>		<b>3. Mailing Office Address</b> <b>PO Box 6688 NA</b>	
Suite, Apt. #, etc. <b>#205</b>		Suite, Apt. #, etc.	
City & State <b>Palm Beach, FL</b>		City & State <b>Wheeling, WV</b>	
Zip <b>33480-4115</b>	Country <b>USA</b>	Zip <b>26003</b>	Country <b>USA</b>
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>08/06/1990</b> <b>5. FEI Number</b> <b>65-0228488</b> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>58.75 Additional Fee must be paid for a Certificate of Status.</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <b>John White II</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1645 Palm Beach Lakes Blvd.</b>			
Suite, Apt. #, Etc. <b>Suite 1200</b>			
City <b>West Palm Beach</b>		State <b>FL</b>	Zip Code <b>33401</b>
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b>			
Signature of Registered Agent 		Date <b>December 27, 2002</b>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P/S/T/D</b>	<b>Howard W. Long</b>	<b>561 North Lake Way</b>	<b>Palm Beach, FL 33480-4115</b>
<b>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 name 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.</b>			
<b>SIGNATURE:</b> 		<b>12/27/02 561-686-3307</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

7017-15468

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0394

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 686-5442

**CORPORATION REINSTATEMENT**

**HOWARD LONG INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00