PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99563

1. Corporation Name

HAINES & BROWN, INC.

Principal Place of Business	Mailing Address
13899 BISCAYNE BLVD SUITE 121 MIAMI FL 33181	13899 BISCAYNE BLVD SUITE 121 MIAMI FL 33181

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/1990

5. FEI Number: 65-0216300 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

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	City / State / Zip 4
VPS	BROWN, DOUGLAS R.	17021 N. BAY RD. #408	N. MIAMI BEACH FL
PCT	HAINES, WILLIAM	4007 COCO PLUM CIR	COCONUT CREEK FL

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-01/12/00--01009--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SHAPIRO, IRA R.
13899 BISCAYNE BLVD
SUITE 104
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name: William Haines
Street Address (P.O. Box Number is Not Acceptable): 2200 N.W. 32nd St, Suite 700
Suite, Apt. #, Etc.:
City: Pompano Beach State: FL Zip Code: 33069

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 REQUIRED Date: 12/28/99
REGISTERED AGENT MUST SIGN

11. 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 [illegible] on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/28/99 Daytime Phone #: 305-945-74

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