<u> </u>	DO NOT WORK IN THE OPICE
FOR FLORIDA DEPARTMENT OF STATE FOR Secretary of State PEINSTATEMENT OF STATE	FILED
Read Instructions on Other Side Before Making Entries  Make Check Payable To: Department of State	01 MAR 26 PM 3: 56
1. Name and Mailing Address of Corporation: DOCUMENT # MIYZGO  Godette + Goldsteid, Tic	2. If Address in Bleek A is-incorrect in any way—enter the correct address below. Dis NAME White constraint Adhibe changed only by filling an ampather AHASSEE FLORIDA
3801 N. Longfellow Circle	Address
Hollywas 0, FC. 33021	Address
	City and State
	Zip Code
3. Date Incorporated or Qualified 4. FEI Number FE	1. Number Applied For 5. \$8.75 Additional Fee required
	for a Certificate of Status  I Number Not Applicable CERTIFICATE OF STATUS DESIRED
6. Names and Street Addresses of Each Officer and/or Director  Title 1	r City and State
P EDWARD Godette 3901 N. Longfello	warde Hallywood Fr 33sy
	400039125543 -03/27/0101070013 ****450.00 ****450.00
I letter attached releasing the n	ame R
REGISTERED AGENT INFORMATION 8. Name	Name and Address of New Registered Agent and or Office
7. Name and Address of Current Registered Agent  EDWARD Godeffee  3801 N. Long fellow Circle  Hollywoon Fee. 33021  City and State  City and State	
9. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN  Date 3-25-0	
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)	
12. 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 of Officer or Director Selection Services Date 3-25-01 Daytime Phone #954-983-3377  Typed or printed name of signing officer or director EDWARD Codette	
Typed or printed name of signing officer or director to warro Godette	

Roll Call

March 22, 2001

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl. 32399

Dear Sirs,

Attached please find the Articles of Dissolution for Godette and Goldstein of South Florida, Inc.

Please release this corporate name for reuse, as we will no longer be using, nor do we hold any future need of it.

Sincerely,

Edward Godette

President.

(454-966-1911)