PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	1
REINSTATEMEN	Τ



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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M23769

1. Corporation Name

3.737 Corporation 125 Promilion Amongo

2. Principal Office Address 125 Brazilian Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		REMSTATEMENT 01-05	
				4. Date Incorporated or Qualified To Do Business in Florida	
City & State	alm Beach, FL		5. FEI Number Applied Fo. 59–2605877 Not Applied		
				6. \$8.75 Additional Fee	
2ip 33480	Country Palm Beach	Zip	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of State	
^{Zip} 33480	Country Palm Beach		Country se and Address of Current	CERTIFICATE OF STATUS DESIRED So. 73 Additional Fee received for a Certificate of State	
33480 	Country	7. Nam	,	CERTIFICATE OF STATUS DESIRED So. 73 Additional Fee received for a Certificate of State	

REGISTERED AGENT JUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director Palm Beach, FL 33480 125 Brazilian Avenue Joseph R. Bagby D/T/S|Martha Bagby 125 Brazilian Avenue Palm Beach, FL 33480 500045891515 02/03/05--01006--012 **1350.00 500045891515 02/03/05--01006--013

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 filling 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:

Jack Backy	1/21/05	
GWATOREAND TYPED OR PRINTED NAME OF SUNING OFF CER OR DIRECTOR	Date	Daytime Phone