


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<p>99 MAY 28 11 39 AM</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # <u>MU4524</u> 1. Corporation Name ERROR NOT CORPORATION					
Principal Place of Business 860 NAFA DRIVE BOCA RATON, FL 33487 US			Mailing Address 860 NAFA DRIVE BOCA RATON, FL 33487 US		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 860 NAFA DRIVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 860 NAFA DRIVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/13/1988	
City & State BOCA RATON, FL		City & State BOCA RATON, FL		5. FEI Number 65-0029193	
Zip 33487		Country US		Applied For Not Applicable	
Zip 33487		Country US		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	GIFFIN, WILLIAM R.	860 NAFA DRIVE	BOCA RATON, FL 33487		
S/T/D	GIFFIN, KATHLEEN A.	860 NAFA DRIVE	BOCA RATON, FL 33487		
8. Name and Address of Current Registered Agent GIFFIN, WILLIAM R. 860 NAFA DRIVE BOCA RATON, FL 33487			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 <u>William R. Giffin</u> Date 5/24/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information 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., 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: <u>William R. Giffin</u> WILLIAM R. GIFFIN PRESIDENT 5/24/99 (561) 997 7742 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #					