


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 05 AUG -2 PM 12:22 SECRET FALL 1995	
<b>DOCUMENT #</b> M87917				
<b>1. Corporation Name</b> McGovern Brothers, Inc				
<b>2. Principal Office Address</b> 1496 NE 57 Place Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1496 NE 57 Place Suite, Apt. #, etc.		
<b>City &amp; State</b> Ft Lauderdale FL <b>Zip</b> 33334 <b>Country</b> USA		<b>City &amp; State</b> Ft Lauderdale FL <b>Zip</b> 33334 <b>Country</b> USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6-30-88		<b>5. FEI Number</b> 650064833 <b>Applied For</b> Not Applicable		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>5d.75 Additional Fee required for a Certificate of Status</b>				
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> Michael McGovern				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1496 NE 57 Place <b>500058153995</b> 08/02/05--01044--002 ***2771.00				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> Ft Lauderdale		<b>State</b> FL	<b>Zip Code</b> 33334	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>				
<b>Signature of Registered Agent</b> Michael McGovern		<b>Date</b> 8/1/05		
<small>REGISTERED AGENT MUST SIGN</small>				
<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>	
D	Michael McGovern	1496 NE 57 Place	Ft Lauderdale FL 33334	
D	Vincent McGovern	1496 NE 57 Place	Ft Lauderdale FL 33334	
<b>REINSTATEMENT 9/1-05</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 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.</b>				
<b>SIGNATURE:</b> Michael McGovern		<b>Date</b> 8/1/05	<b>Daytime Phone #</b> 954 5107484	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
Michael McGovern				

CR2E081 (01/05)