PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  03 DEC 31 AM 8: 15  SECRETARY OF STATE
DOCUMENT # M 96984  1. Corporation Name  LAURA S. RÖTSTEIN		TÄLLÄHÄSSEE. FLÖRIDA
2. Principal Office Address 3800 INVERRARY BLVD.  Suite, Apt. #, etc. 5UITE 101-E  City & State -LAUDERHILL, FLORIDA  Zip 33319  Country USA	3. Mailing Office Address 3800 INVERRARY BUD.  Suite, Apt. #, etc.  SUITE 101-E  City & State  LAUDER HILL, FLORIDA  Zip 33319  Country USA	4. Date Incorporated or Qualified To Do Business in Florida D9 01 1988  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Feel Equification (Status)
7. Name and Address of Current Registered Agent		
Name LAURA 9. ROTSTEIN  Street Address (P.O. Box Number is Not Acceptable)  3800 INVERRARY BLVD.  Suite, Apt. # Etc.'  5UITE 101-E  City LAUBERHILL  State Zip Code FL 33319		
8. 1, 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.  Signature of Registered Agent Date REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Title Name of	Street Address of Each	n

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip

PRES. LAURA S. ROTSTEIN, ESQ. 5323 PARK PLACE CIRCLEBOCA RATON, FL 33486

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.

SIGNATURE:

ATURE AND TYPES OR PRIVIED NAME OF SIGNING PREFER OR DIRECTOR

December 29, 2003 (84)714-881

CRZE081 (10/02)