PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
1998 MAR 26 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002974

1. Corporation Name

Advocates of Contractor Trades, Inc.

Principal Place of Business / Mailing Address

784 U.S. Highway One, Suite 14
North Palm Beach, FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
See above	See above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: June 15, 1994

5. FEI Number: Applied For — [x] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [x]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T Director -	Robert H. Smith	556 Greenway Drive	North Palm Beach, FL 33408
D	Elaine Smith	556 Greenway Drive	North Palm Beach, FL 33408
D	Vincent McCord	6370 S.W. 87th Terrace	Miami, FL 33143

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****253.75 ****253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: George E. Harris, Esquire
Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Rd.
Suite, Apt. #, Etc.: Suite 201
City: Palm Beach Gardens | State: FL | Zip Code: 33410

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 _____ (REGISTERED AGENT MUST SIGN) Date: March 17, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [x]

(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: Robert H. Smith Robert H. Smith 3/17/98
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #