PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 28 AM 7:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N95000000516

1. Corporation Name
A+S Social Club, Inc.

2. Principal Office Address
525 East Sample Road
Pompano Beach, FL
33064 Broward

3. Mailing Office Address
P.O. Box 81-1901
Boca Raton, FL.
33481 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida
1-30-95

5. FEI Number
65-0555649
Applied For
Not Applicable

6. Certificate of Reinstatement

7. Name and Address of Current Registered Agent

Name
Alan Mostow

500016129805
04/17/03--01008--003 **1.25

Street Address (P.O. Box Number is Not Acceptable)
525 East Sample Road

City
Pompano Beach

State
FL

Zip Code
33064

8. 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
Alan Mostow
REGISTERED AGENT MUST SIGN

Date
4-11-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City - State - Zip
D	Sandell Mostow	9408 Lake Serena Drive	Boca Raton, Florida 33496
D	Dennis Freeland	3660 W. Commerical Blvd.	Fort Lauderdale, Florida 33309
D	Alexandra Lonc	18671 Collins Avenue	Sunny Isles, Florida 33160
D	Alan Mostow	9408 Lake Serena Dr.	Boca Raton, FL 33496

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided in section 607.1403, F.S. I further certify that the corporation named in this reinstatement application has filed all annual reports required by chapter 607 or chapter 617, F.S., that all fees owed by the corporation to the department and the names of individuals listed on this form do not qualify for an exemption under section 119.07(4), 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: Alan Mostow
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY TO SIGN ON BEHALF OF CORPORATION

4-11-03
Date

954.
781-8884
Daytime Phone #