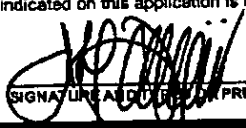


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000005627			
1. Corporation Name SHERRI AVERSA MEMORIAL FOUNDATION, INC.			
2. Principal Office Address 1455 NW 14TH STREET Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33125	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/22/1999		5. FEI Number 65-1055996	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name BENJAMIN R. METSCH Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14TH STREET Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33125			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent Date 11/22/2000 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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LEE CRANDALL	2248 NW 171 TERRACE	PEMBROKE PRINES, FL 33028
DV	TED AVERSA	1402 S ST. CLOUD AVE	VALRICO, FL 33594
DS	JANET AVERSA	1402 S ST. CLOUD AVE	VALRICO, FL 33594
T	JOHNNY TSIMOGIANNIS	770 PONCE DE LEON BLVD #210	CORAL GABLES, FL 33134
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 807 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 807.0401 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: 		JOHNNY TSIMOGIANNIS	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/22/2000	Daytime Phone # 305-545-6400

Division of Corporations

**Florida Department of State****Division of Corporations  
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**To:**

**Division of Corporations  
Fax Number : (850) 922-4004**

**From:**

**Account Name : JOHNNY TSIMOGIANNIS  
Account Number : I19990000261  
Phone : (305) 444-2445  
Fax Number : (305) 444-2446**

**CORPORATION REINSTATEMENT****SHERRY AVERSA MEMORIAL FOUNDATION, INC.**

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