PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P0000001282

1. Corporation Name

M. STANFORD & ASSOCIATES, INC.

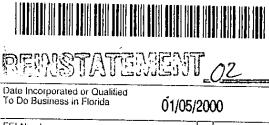
Principal Place of Business

Mailing Address

1601 N PALM AVE STE 311A PEMBROKE PINES FL 33026 1601 N PALM AVE STE 311A PEMBROKE PINES FL 33026 FILED

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SECRETARY OF STATE 400008田中省65年ORIDA 11/07/02--01086--002 **750.00



ti abose addresses are incorrect in any way, line through incorrect information and enter correction below.					TOTAL BUYASIUM OZ		
New Pr	moipal Öffice Address, If Applicable	illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/05/2000			
uite, Apt. ⊭, etc.		Suite, Apt. #	Suite, Apt. #, etc.			01/03/2000	
City & State City			& State		5. FEI Number 65-0971256 Applied For Not Applicable		
ip	Country	Zip	Cou	intry	6. CERTIFICA	TE OF STATUS DESIRED	The formation of the
Names	and Street Addresses of Each Officer an	d/or Director (Flo	prida nonprofit com	orations must list at le	ast 3 directors)		the same of the sa
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip		
P	STANFORD, MATTHEW A		1601 N PALM AVE STE 311A		PEMBROKE PINES FL 33026		
VP	STANFORD, ENID		1601 N PALM AVE STE 311A			PEMBROKE PINES FL 33026	
			-	····			
							
					,,		
	8. Name and Address of Current	Registered Age	ent		9. Name and	l Address of New Regist	ered Agent
STANE	FORD, MATTHEW A			Name			
1601 N PALM AVE STE 311A				Street Address (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33026				Suite, Apt. #, Etc.			
				City			State Zip Code
. I, being	appointed the registered agent of the ab	ove narned corpo	oration, am familiar	with and accept the o	obligations of Sec	otion 607.0505, F.S. or 61	7.0505, F.S.
јпаште о			_				, ,
:ปูเรเษาชน์ .		EGISTEREL AS	EN : MSE PUIGN			Date	02/02
. I certify this reins	that I am an officer or director or the rece statement application, the reason for diss	iver or trustee er	npowered to execu	te this application as prograte pages	provided for in ci	napter 607 or 617, F.S. I fu	irther certify that when filing

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/02