PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAR 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000011615

1. Corporation Name
Steflind Inc.

2. Principal Office Address	3. Mailing Office Address
7330 SEDONA WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State
Zip: 33446 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 3/2/2000

5. FEI Number: 65-0984166 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Certified Copy / $8.75 Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alan Weiner

Street Address (P.O. Box Acceptable): 7330 SEDONA WAY

Suite, Apt. #, Etc.:

400050803104
04/13/05--01005--011 **150.00

City: DELRAY BEACH State: FL Zip: 33446

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 3/27/05

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
Pres	Alan Weiner	7330 SEDONA WAY	DELRAY BEACH, FL 33446

400050803104
04/13/05--01005--011 **1050.00

REINSTATEMENT
03-27-05

10. I certify that I am an officer or director of 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/23/05 Daytime Phone #: (561) 702-0234