


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO0000016292</u>					
1. Corporation Name <u>REMBRENT, INC</u>					
2. Principal Office Address <u>1728 NW 104TH AVE</u> Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State <u>CORAL SPRINGS, FL</u>			City & State 		
Zip <u>33071</u>	Country <u>USA</u>	Zip 	Country 	4. Date Incorporated or Qualified To Do Business in Florida <u>02-15-00</u>	
5. FEI Number <u>650983082</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/10/01--01084--026
***150.00 ***150.00

7. Name and Address of Current Registered Agent	
Name <u>Jerome L Rosen</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7880 N. UNIVERSITY DR</u>	
Suite, Apt. #, Etc. <u>201</u>	
City <u>TAMARAC</u>	State <u>FL</u> Zip Code <u>33321</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>[Signature]</u>		Date 	
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
<u>CEO</u>	<u>BRENT MILLER</u>	<u>1728 NW 104TH AVE</u>	<u>CORAL SPRINGS FL 33071</u>

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 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:

Brent Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 26, 01

Daytime Phone #

954
755-3657

CR2E081 (9/00)