PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P00000039597 DOCUMENT #

1. Corporation Name

FIELDHAVEN, INC.

Principal Place of Business

3067 EAST COMMERCIAL BLVD

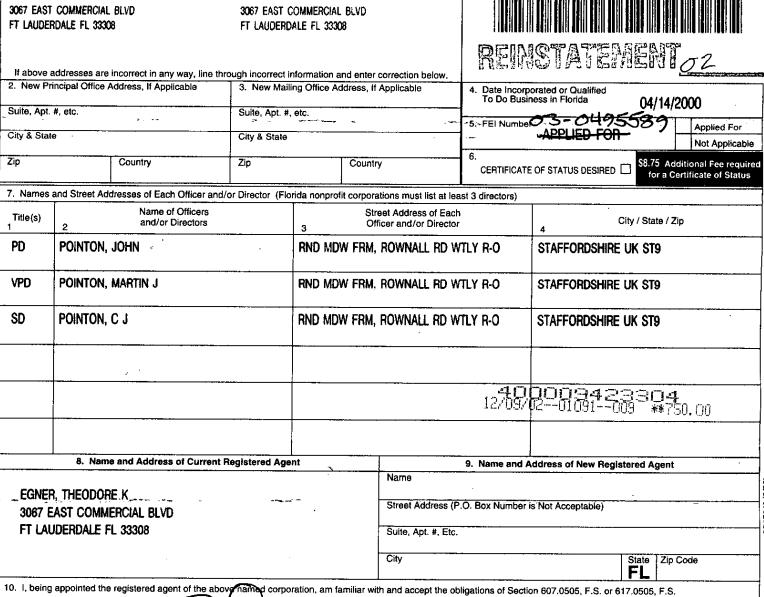
Mailing Address

3067 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33308

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SUCHETARY OF STATE TALL AHASSEE, FLORIDA



11. 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 filling 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

SIGNATURE:

Signature of Registered Agent

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #