JUPITER FL	. 33458		JUPITER FL :	33458						
		incorrect in any way, line Address, if Applicable			d enter correction below.	A Data Incom	ported or Ouglified			
2. Non i inopai emogradiote, i rippicable				mig amoo / ibaroos / iv ipproxim		4. Date Incorporated or Qualified To Do Business in Florida  04/27/2000				
Sulte, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			r _	Otherle	Applied For	
City & State			City & State			6.51012788			Not Applicable	
Zip		Country	Zip		Country		E OF STATUS DESIRED [	S8.75 Add	ditional Fee require ertificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Fk	orida nonprofit	corporations must list at le	ast 3 directors)			<u></u>	
Title(s)	Name of Officers and/or Directors			3		Street Address of Each Officer and/or Director		City / State / Zip		
PVST	WALTERS, WANDA			3755 MILITARY TRAIL, SUITE A-5			JUPITER FL 33458			
						30	1000486 -02/05/02 ****300,1	5555 01016 00 ***	3——8 012 *300.00	
	8. Nam	e and Address of Curre	nt Registered Age	ent		Name and Address of New Registered Agent				
3755 N Suite	ers, Wanda Military tr A-5 Er fl 33458	AIL			Street Address (	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code				
					J ON,			FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

1.2

Signature of Registered Agent

3755 MILITARY TRAIL

SUITE A-5

REGISTERED AGENT MUST SIGN

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



January 14, 2002

Ms. Katherine Harris, Secretary of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Ms. Harris:

I received a letter from the Division of Corporations in November requesting that I provide our FEI Number, which I left off my original application. I called the Division today since I have not heard from the Division since returning my application in November. I was advised that my Application for Reinstatement has not been received in your department.

I am re-returning a copy of the form along with a new check, #1183, in the amount of \$300, which will include payment for renewal for 2001 and 2002. Additionally, I request that any and all penalties be waived due to my non-receipt of initial application and your non-receipt of my earlier response.

Thank you for any and all consideration to this request.

Sincerely,

Wanda S. Walters

Hand Dueture

President

Copy

October 23, 2001

Ms. Katherine Harris, Secretary of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Ms. Harris:

I am enclosing my Application for Reinstatement along with my check for \$150.00. I contacted the Division of Corporations to let them know that, to the best of my knowledge, I did not receive forms to complete prior to this one. I am requesting that the reinstatement fee be waived and that my corporation be allowed to continue to operate in the State of Florida.

Thank you for any and all consideration to this request.

Sincerely,

Wanda S. Walters President