

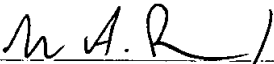


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 800000048963			
1. Corporation Name Turrini-Brennan Inc.			
2. Principal Office Address 330 74 St Suite, Apt. #, etc. 18 City & State Miami Beach, FL Zip 33141 Country U.S.A.		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
		4. Date incorporated or Qualified To Do Business in Florida 5/17/2000	
		5. FEI Number 65101-1774 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Michael A. Brennan			
Street Address (P.O. Box Number is Not Acceptable) 800 N.W. 73rd Ave			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33317
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 		Date 8/14/02	
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
President	Michael A. Brennan	800 n.w. 73rd Ave	Plantation / FL / 33317
Vice President	Giancarlo Turrini	330 74 St. Suite 18	Miami Beach, FL 33141
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)(b), 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:  / Michael A. Brennan		8/14/02 (954) 309-2536	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/16/02

FROM: TURRINI-BRENNAN INC.
330 74 ST. SUITE 18
MIAMI BEACH, FL.33141

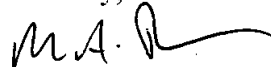
8/14/02

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

To whom it may concern,

I never received the 2001 report which resulted in the administrative dissolution of Turrini-Brennan Inc. The relocation of our primary address was not updated and this is most likely the reason that report was not received. Therefore, I am requesting that the six hundred penalty be waived.

Sincerely,

A handwritten signature in dark ink, appearing to read "M.A. Brennan", with a stylized flourish extending to the right.

Michael A. Brennan
President