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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074106

1. Corporation Name
INTELLICREATE, INC.

REINSTATEMENT 03-04 MRS

2. Principal Office Address	3. Mailing Office Address
5475 Enclave Crossing Way	SAME
Suite, Apt. #, etc.: Apt. T-5	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State
Zip: 33484 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/2000

5. FEI Number: 651061662 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Myra J. Whitmore

Street Address (P.O. Box Number is NOT Acceptable): 5475 Enclave Crossing Way

Suite, Apt. #, Etc.: Apt. T5

City: Delray Beach | State: FL | Zip Code: 33484

8. I being appointed the registered agent of the above named corporation, the undersigned hereby accepts the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: (X) Myra J. Whitmore — REGISTERED AGENT MUST SIGN — Date: 6-2-4

CR2E043 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Myra J. Whitmore	5475 Enclave Crossing Way, #T-5	Delray Beach, FL 33484
VP	Beth Greger	2291 Linter Ridge Circle 85	Delray Beach, FL 33483

10. I certify that I am an officer or director of the corporation 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 complies 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 examination 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: (X) Myra J. Whitmore — SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date: 6-2-4 — Daytime Phone: 561 703 1393

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5475 Enclave Crossing Way T-5
Delray Beach Fl. 33484

Intellicreate Inc.

June 2, 2004

Corporation Reinstatement
P.O.Box 6327
Tallahassee, Florida 32314
Reference: Reinstatement of Corporation

To Whom It May Concern: My name is Myra J Whitmore and I am the president of Intellicreate Inc. I never received my annual reports for the years 2003 or 2004. Please waive the penalty and except my payment for the reinstatement. Should you have any questions please contact my accountant at 561-305-0091. I thank you for your assistance.

Thanks you,

Myra J. Whitmore
President

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Florida Department of State
Division of Corporations
Public Access System

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From:
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Account Number : 110450000714
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CORPORATION REINSTATEMENT

INTELLICREATE, INC.

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