

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 25 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

3389 Holding Corp

201000004643

REINSTATEMENT 02-03

300014679653
03/25/03--01041--007 **900.00

2. Principal Office Address

3389 Sheridan Street

3. Mailing Office Address

3389 Sheridan Street

Suite, Apt. #, etc.

Suite 131

Suite, Apt. #, etc.

Suite 131

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021-3634

Country

US

Zip

33021-3634

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/09/2001

5. FEI Number

65-1074674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas Williams

Street Address (P.O. Box Number is Not Acceptable)

3389 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33021

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

D. Williams

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
D	Williams, Douglas	3389 Sheridan Street	Hollywood, FL 33021

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:

D. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E081 (10/02)

2/3/01