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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>P01000020647</i>		
1. Corporation Name 8250 West Sunrise, Corp.		

2. Principal Office Address 8200 W. Sunrise Blvd.	3. Mailing Office Address
Suite, Apt. #, etc. Suite C-2	Suite, Apt. #, etc.
City & State Plantation, FL	City & State
Zip 33322	Country

03-05  
**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 02-0620382	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 .Cantor, Jerald C.			
Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd			
Suite, Apt. #, Etc. 265 S			
City Hollywood, FL.		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.	Date <i>4/22/05</i>
Signature of Registered Agent <i>J. Cantor</i>	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
PD	St. Aubin, Robert Jr.	8200 W. Sunrise Blvd. C-2	Plantation, FL 33322

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: <i>Robert St. Aubin Jr.</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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**8250 West Sunrise, Corp.**

82 West Sunrise Blvd. Suite # C-2

April 26, 2005

Florida Dept. of State  
Division of Corporation  
P. O. Box 6198  
Tallahassee, Florida 32314-6198

Ref: Doc # P01000020647

Dear Sir or Madam:

The purpose of this letter is to respectfully request a waiver of the reinstatement fee because we did not receive in the mail the Annual Report Notice. We attribute this to the fact that we change address (from suite # C6 to C2) in the building we are located. We have experience similar difficulties with other entities in addition to a significant downsizing of the company personnel resulting in loosing essential employees.

Sincerely,

*Robert St. Aubin Jr.*  
Robert St. Aubin Jr.  
President