


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  04 MAY 20 PM 1:13  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>PD1000042356</u>					
<b>1. Corporation Name</b> <u>The Terrace Group Inc.</u>					
<b>2. Principal Office Address</b> <u>4630 N. University Dr.</u>			<b>3. Mailing Office Address</b> <u>SAME</u>		
Suite, Apt. #, etc. <u>415</u>			Suite, Apt. #, etc.		
City & State <u>Coral Springs FL</u>			City & State		
Zip <u>33067</u>	Country <u>U.S.A</u>	Zip	Country		
			<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>4-26-01</u>		
			<b>5. FEI Number</b> <u>65-1099993</u>		Applied For Not Applicable
			<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>					
Name <u>John Hill</u> <span style="float: right;"><b>900037344819</b></span>					
Street Address (P.O. Box Number is Not Acceptable) <u>4630 N. University Dr.</u> <span style="float: right;"><u>05/26/04--01052--006</u> <b>**458 75</b></span>					
Suite, Apt. #, Etc. <u>415</u>					
City <u>Coral Springs</u> <span style="float: right;">State <b>FL</b> Zip Code <u>33067</u></span>					
<b>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.</b>					
Signature of Registered Agent <u>[Signature]</u>				Date <u>5-21-04</u>	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
<u>Member</u>	<u>John Hill</u>	<u>4630 N. University Dr. #415</u>		<u>Coral Springs FL 33067</u>	
<u>D</u>	<u>Alice Hill</u>	<u>2435 Plunkett St</u>		<u>Hollywood FL 33020</u>	
<u>D</u>	<u>Lawrence Hill</u>	<u>2435 Plunkett St</u>		<u>Hollywood FL 33020</u>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>John Hill</u>		<u>5-21-04 (954) 274-8222</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E081 (01/04)

To whom it may concern:

I am writing this letter to certify that I did not receive the annual report form for the year 2002.

Thank you,  
John Hill