
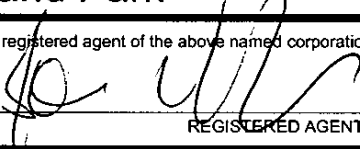
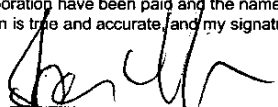


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> PD/000102687			
<b>1. Corporation Name</b> Law office of Joan Morrison, RA			
<b>2. Principal Office Address</b> 2800 West Oakland Park Blvd		<b>3. Mailing Office Address</b> Same	
<b>Suite, Apt. #, etc.</b> 207A		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b> City of Oakland Park		<b>City &amp; State</b>	
<b>Zip</b> 33311	<b>Country</b> Broward	<b>Zip</b>	<b>Country</b>
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
		<b>5. FEI Number</b> 200065578522 02/10/06--01042--023 **1200.00 CR2E081 (12/05)	
		<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>			
<b>Name</b> Joan Morrison			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2800 West Oakland Park Blvd			
<b>Suite, Apt. #, Etc.</b> 207			
<b>City</b> Oakland Park		<b>State</b> FL	<b>Zip Code</b> 33311
<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>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 1/18/06	
<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>
Pres	Joan Morrison	2800 W. Oakland Park Blvd, Ste 207,	Oakland Park, FI 33311
Vic Pres	Wayne Hamilton	1455 NW 113th Way	Pembroke Pines F; 33026
			B 1/28/06
			REINSTATEMENT 03-04
<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 contained in Chapter 119, 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>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Date</b> 1/18/06 <b>Daytime Phone #</b> 84232 0472	