

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

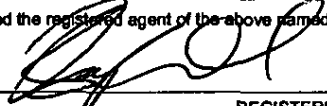
REINSTATEMENT 02-03

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07/29/03--01054--005 **908.75

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000107003 1. Corporation Name RAV CONCEPTS, INC.			
2. Principal Office Address 5760 Wiles Road Suite, Apt. #, etc.		3. Mailing Office Address 5760 Wiles Road Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip Country 33067 USA		City & State Coral Springs, FL Zip Country 33067 USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/05/2001		5. FEI Number 65-1149205 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Barry A. Diamond			
Street Address (P.O. Box Number is Not Acceptable) 9728 W. Sample Road			
Suite, Apt. #, Etc.			
City Coral Springs		State FL	Zip Code 33065

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.

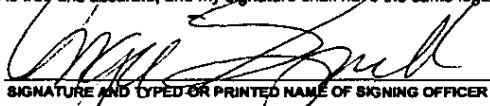
Signature of Registered Agent:  Date: 7/25/03

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 PVST	ARGIE SPUCK	5760 Wiles Road	Coral Springs, FL 33067

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:  Argie Spuck Date: 7/28/03 984-227-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)

7/30