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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 27 AM 9:10

7. Name and Address of Current Registered Agent


Name JERRY ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
2643 NW 10 ST

Suite, Apt. #, Etc. _____

City PAMPANO BOH State **FL** Zip Code 33093

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 5-13-03

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
PRES	JERRY ANDERSON	2643 NW 10 St	Pompano Bch Fl 33069
V PRES	Severia Anderson	2643 NW 10 St	Pompano Bch. Fl. 33069
			500019319765 05/19/03--01056--006 **300.00
			500019319765 05/19/03--01056--007 **8.75

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: Jerry Anderson **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** JERRY ANDERSON **Date** 5/13/03 **Daytime Phone #** Cell 561 306 3332

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