PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 DEC 31 , AM 10: 27
DOCUMENT #+ 02.000115079. 1. Corporation Name LEGAL ADVISORS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 5500 WASHINGTON ST. Suite, Apt. #, etc. C213 City & State	3. Mailing Office Address 1.0. Lox #55-2557 Suite, Apt. #, etc.	900026138279 01/06/0401045003 **158.75 REINS 7
Hollywood, FC. Zip Country 33021 USA	Zip Country 33055-2559 USA 7. Name and Address of Current Register	5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S3.75 Additional Fee required for a Certificate of Status
Name LOUTS M. LENTS Street Address (P.O. Box Number is Not Acceptable) 5500 WASHING STREET Suite, Apt. #, Etc. C213 City Hollywood State Zip Code FL 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. Signature of Registered Agent. 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 Officer and/or Director FL2.13 FL2.13 THE STOD WASHINGTON ST. C213 Hollywood, Fl. 33021 Whenley Bazile-Lewis 5500 Washington St. C213 Hollywood, Fl. 33021		
VP Sheeley DAZILE-A	EWIS 5500 WARHINGTON	ST. (213 Hollywood, FC. 3302-1
10. I certify that I am an officer or director or the receipting reinstatement application the reason for dis-	iver or trustee empowered to execute this application as	provided for in chapter 607 or 617, F.S. I further certify that when filing as the requirements of section 607,0401 or 617,0401, F.S., that all fees
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		

Legal Advisors Inc. Brings Justice To Light!

We Pledge To Assist You With The Best Legal Presentation.

LEGAL ADVISORS INC.

5500 Washington St., Unit C-213 • Hollywood, FL 33021 • Mailing Address P.O. Box 55-2559 • Miami, FL 33055-2559 PH: 954,964,6699 • FAX: 954,322.0843

December 29, 2003

Department Of State Division of Corporations 409 East Gaines St. Tallahassee, Florida 32399

RE: Legal Advisors, Inc. Annual Report and Reinstatement Application

Dear Mr. Justin:

In accordance to our brief conversation, Legal Advisors, Inc. never received its Annual Report 2003. On December 8, 2003 we realized that our company was inactive. See enclosed documentation from Cynthia Blalock about company our status.

Enclosed is the \$158.75 fee for Legal Advisors, Inc.

If you have any questions, feel free to contact me: (954) 243-6444 or Accoddaa@aol.com

Sincerely,

Louis M. Lewis

Sr. Legal Advisor

Cc: Lia36465/sbL