PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT PO200015086 1. Corporation Name LAW FIRM OF PO20 8. FELLOWS, P.A. | FILED 05 MAR 24 AM 9: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|
| 2. Principal Office Address 7491 W. OAKLAN'S PALL BUS 18350 NW X AVT Suite, Apt. #, etc. SEANS FLOOK City & State City & State City & State Country Country Country 333319 W. S. A 33169 Country Cou | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status |
| Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City B. I, being appointed the registered agent of the above names concentration and familiar with and accept the of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let | State Zip Code FL 33/69 bligations of section 607.0505 or 617.0503, F.S. Date 3-23-05 |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Directors 1835D NW 2 ^N | T City Chale / 7in |
| 10. I certify that I am an officer or director or the receiver or trustge empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receiver or dissolution has been eliminated, the corporate name salisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paint and the parties 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 in five 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 Date Daytime Phone # | |

Law Firm of

PETER D. FELLOWS, P.A.

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Please Reply to [x] Miami [] Lauderhill

March 23, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

I am hereby making a request for a waiver of the Re-instatement fee because we did not receive the Annual Report Notices. I am hereby enclosing a check for \$458.78, for the annual report fees from 2003 to 2005, as well as for the certificate of status. I trust that my application will be given favorable consideration. Thanks in advance for your time.

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Peter D. Fellows, Esq.