PLEASE READ ALL-INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
REINSTATEMENT				A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED 07 AUG 29 AM 10: 56	
DOCUMENT # 803 0000 83219  1. Corporation Name						JEGNETARY OF STATE TALLAHASSEE, FLORIDA	
301 N.E. THIRD AVENUE, INC.							
2. Principal Office Address - No P.O. Box # 301 NE 3RD AV. 30			3. Mailing Office A	3. Mailing Office Address 001 NE 3RD AV.		REINCT. 06-07	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			porated or Qualified o7/30/2003	
City & State DANIA BEACH, FL			DANIA BEACH, FL		5. FEI Number Applied For Not Applicable		
33004 Country USA		<sup>Zip</sup> 33004	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name WRENCE H. FEDER, ESQ Street Address (R.Q. Box Number is Mol-Acceptable)					The reinstatement fee is imposed, except in circumstances which the entity did not receive		
3900°HÖLLYWÖÖD°BLVD. SUITÉ"103				State Zip Code		the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
HOLLYWOOD FL 33021							
8. I, being appointed the registered agent of the above named conforation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 929/07  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 Street Address of Each City Carte (2):							
Titles	Officers and/or Directors			Officer and/or Director		City / State / Zip	
P/D	JOHN A. GRENIER		30	301 NE 3RD AV.		DANIA BEACH, FL 33004	
	193			700108788777 08/28/0701046006 ***300.00			
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 filling							
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.							
SIGNATURE: John A. Grenier President 8/24/0) V 954629 2126 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Dayline Phone #							