## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  00 MAR - 8 PM 1: 46  SECRETIARY OF STATE TAGUARASSEE. FLORIDA
DOCUMENT # P93 0000 1. Corporation Name  4048 Core		TAELARASSEE. FLORIUM
2. Principal Office Address  3900 ISLAND BLUD  Suite, Apt. #, etc.	3. Mailing Office Address  9141 TAFT ST  Suite, Apt. #, etc.	REINSTATEMENT 990
# 404 B	City & State	4. Date Incorporated or Qualified To Do Business in Florida  6. 121193
N. M. AM, BEACH, FL	PEMBROKE PINES, FL	5. FEI Number Applied For X Not Applicable
33160-4916 115 A	33024 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
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 2/15/2003		
	/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	r City / State / Zip
PD KIRSTEN SORENSEN	N.M.AM, BEACH F	# 404B ~ 33160
SD EDVARDO SCHLAGET	ER 3900 ISLAND BY	10, #404B N. MIAM, BEACH, FL 33160
.c		
		KE
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 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylime Phone #		