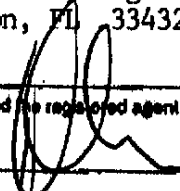


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 07 MAY -8 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600002176176--6 -05/13/97--01018--009 *****1080.00 *****1080.00 600002176176--6 -05/13/97--01018--010 *****8.75 *****8.75	
<b>DOCUMENT #</b> P93000059276 1. Corporation Name 1st Asset Management, Inc.		<b>REINSTATEMENT</b> 06/97			
Principal Place of Business 21477 Burnside Court Boca Raton, FL 33433		Mailing Address (same)			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		B. New Mailing Address, if Applicable		4. Date incorporated or qualified to do business in Florida August 24, 1993	
Suite/Apt. #/Etc.		Suite/Apt. #/Etc.		3. FEI Number 05-0433270	
City & State		City & State		Applied For (Not Applicable)	
Zip Country		Zip Country		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. List of Officers and Directors					
1. Title	2. Name and Address of Officers	3. (Do NOT list stock numbers)	4. City / State / Zip		
	Gisa Perry - Director P/S/T	21477 Burnside Court	Boca Raton, FL 33433		
8. Name and Address of Current Registered Agent					
David B. Dickenson, Esq. Dickenson, Murdoch, Rex and Sloan 980 N. Federal Highway, Ste. 410 Boca Raton, FL 33432			9. Name and Address of New Registered Agent		
Name Same			Street Address (P.O. Box Number is Not Acceptable)		
Suite/Apt. #/Etc.			City		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0095, F.S.					
Registered Agent 			Date 5/7/97		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I understand that the information supplied is presumed accurate unless the Department of State is provided for in Section 607.007 or 617.005, Florida Statutes. I understand that the information supplied is presumed accurate unless the requirements of section 607.007 or 617.005, Florida Statutes, have been met. The information furnished on this application is true and accurate, and my signature shall have the same effect as if it were signed by the corporation.					
SIGNATURE: Gisa Beede President			Date 5/6/97		
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR					