PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -5 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065787

1. Corporation Name

GERBER BROKERAGE II INC.

Principal Place of Business	Mailing Address
22413 MARTELLA AVE BOCA RATON, FL 33433	22413 MARTELLA AVE BOCA RATON, FL 33433

700002552597--6
-06/09/98--01051--011
***1358.75 ***1358.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5937 CATESBY ST	5937 CATESBY ST
State, Apt. #, etc. BOCA RATON FL	Suite, Apt. #, etc. BOCA RATON FL
City & State 33433	City & State
Zip	Country USA
Country USA	Zip 33433

4. Date Incorporated or Qualified To Do Business in Florida 9-21-93

5. FEI Number 22-3292696 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	HAROLD GERBER	600 PARKVIEW DR. HALLANDALE FL	HALLANDALE, FL 33009
V.P.	LAWRENCE GERBER	5937 CATESBY ST	BOCA RATON FL 33433

REINSTATEMENT 94-98
SL 6-5-98

7. Name and Address of Current Registered Agent

LAWRENCE GERBER
5937 CATESBY ST.
BOCA RATON, FL. 33433

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (12/96)

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN — Date 6-3-98

1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

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 filing 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
LAWRENCE GERBER

Date 6-4-98 Daytime Phone # 561-361-2963