

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RENEWAL		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # 004000011307		59 MAR 15 AM 9:11	
1. Corporation Name SEVEN PERCENT SOLUTION, INC. 1405 N.W. 124 AVE Pembroke Pines, FL 33026		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Mailing Address P.O. Box 820663 J. FLA, FLA. 33082		Principal Place of Business	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida 2/4/94			
5. F.I.L. Number 65-0470494			
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City - State - Zip
D	ALAN FRIEDMAN	1405 NW 124 AVE Pembroke Pines FL 33026	
D	SUZANNE FRIEDMAN	"	700002814747-1 -03/23/99--01009--007 ****150.00 ****150.00
D	GILBERT SENS	"	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALAN FRIEDMAN 1409 N.W. 124 AVE Pembroke Pines, FL 33026		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. 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 [Signature]		Date 3/10/99	
REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [] (See other side for information on intangible tax.)			
13. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]		3/10/99 854-431-701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	