

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 MAR 29 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000040951
 1. Corporation Name
 HUGH MCCALLUM, INC.

Principal Place of Business Mailing Address

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

REINSTATEMENT

97-99
 100
 3/29/99

2. New Principal Office Address, If Applicable
 434 LAGUNA AVENUE
 Suite, Apt. #, etc.
 City & State
 KEY LARGO, FL
 Zip
 33037 Country
 USA

3. New Mailing Office Address, If Applicable
 9400 S. DADELAND BLVD.
 Suite, Apt. #, etc.
 SUITE 111
 City & State
 MIAMI, FL
 Zip
 33156 Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida
 1/1/94

5. FEI Number
 65-0573635 Applied For
 Not Applicable

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 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
P, D	HUGH MCCALLUM	9400 S. DADELAND BLVD SUITE 111 MIAMI, FL 33156	MIAMI, FL 33156

200002832302--8
 -04707799-01078-022
 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUGH MCCALLUM
 9400 S. DADELAND BLVD
 SUITE 111
 MIAMI, FL 33156

Name HUGH MCCALLUM
 Street Address (P.O. Box Number is Not Acceptable)
 9400 S. DADELAND BLVD
 Suite, Apt. #, Etc.
 SUITE 111
 City MIAMI State FL Zip Code 33156

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]*
 REGISTERED AGENT MUST SIGN

Date 3/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/26/99 Daytime Phone # 305-670-3140

CR2E08-11/2/98