

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 FEB 28 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01046--001 **1208.75

REINSTATEMENT 00-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052462

1. Corporation Name

SOUTH FLORIDA LOA ADI, INC.

2. Principal Office Address

500 E. Broward Blvd.

Suite, Apt. #, etc.

Ste. 1650

City & State

Fort Lauderdale, Florida

Zip

33394

Country

USA

3. Mailing Office Address

500 E. Broward Blvd.

Suite, Apt. #, etc.

Ste. 1650

City & State

Fort Lauderdale, Florida

Zip

33394

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/12/94

5. FEI Number

65-0504854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roger Wittenberns

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

500 E. Broward Blvd.

Suite, Apt. #, Etc.

Ste. 1650

City

Fort Lauderdale

State
FL

Zip Code
33394

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

REGISTERED AGENT MUST SIGN

Date 2/26/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Wittenberns, Roger	500 E. Broward Blvd. Ste. 1650	Ft. Lauderdale, Fl. 33394

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 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

Roger Wittenberns, Pres.

2/26/03

Date

954-527-5373

Daytime Phone #

CR2E081 (10/02)

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