

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.		3. Mailing Office Address 500 E. Broward Blvd.	
Suite, Apt. #, etc. Ste. 1650		Suite, Apt. #, etc. Ste. 1650	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33394	Country USA	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 <input checked="" type="checkbox"/> \$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	

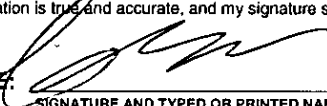
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2/26/03

REGISTERED AGENT MUST SIGN

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:  Roger Wittenberns, Pres. 2/26/03 954-527-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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