

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	<p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE FILED 1997 AUG 12 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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Make Check Payable To: Department of State

<p>1. Name and Mailing Address of Corporation: DOCUMENT # P94000086534</p> <p>3220 WAREHOUSE CORP. 888 EAST LAS OLAS BOULEVARD SUITE 510 FORT LAUDERDALE, FL 33301</p>	<p>2. If Address in Detail 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>
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<p>4. Date Incorporated or Qualified To Do Business in Florida 11/23/94</p>	<p>5. FEI Number 65-0534246</p>	<p>FEI Number Applied For</p>	<p>6. 5875</p>	<p>FEI Number Not Applicable</p>	<p>CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>
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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 Reg. Office Box Number)	4. City / State / Zip
PD	JAMES T. BATES	888 EAST LAS OLAS BOULEVARD	FORT LAUDERDALE, FL 33301
			000002265168--3 -08/12/97--01094--005 ****823.75 ****823.75

REINSTATEMENT

done 7/24/97

<p>REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p> <p>JAMES T. BATES 888 EAST LAS OLAS BOULEVARD SUITE 510 FORT LAUDERDALE, FL 33301</p>	<p>9. If changed, new registered agent / office</p> <p>Name: BRIAN LYNN, CPA</p> <p>Street Address (Do NOT Use P.O. Box Number): 2 S. UNIVERSITY DRIVE</p> <p>Street Address (Do NOT Use P.O. Box Number): SUITE 215</p> <p>City: PLANTATION State: FL Zip: 33324</p>
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<p>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.</p> <p>Signature of Registered Agent: <i>Brian Lynn CPA</i></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>	<p>Date: 7/24/97</p>
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<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p> <p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>	
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<p>13. 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.</p> <p>Signature of Officer or Director: <i>J.T. Bates</i></p>	<p>Date: 8/11/97 Daytime Phone #: 954-646-8120</p>
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