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APPLICATION FOR REINSTATEMENT	FOR Sandra B. Mortham			the standard and the second to the second	FILED	
DOCUMENT #105000012368 1. Corporation Name 101 Investment, Inc.				96 NOV 20 AM II: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 10155 Collins Avenue, #1603 Bal Harbour, FL 33154				REINS	TATEMENTO	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 10155 Collins Avenue 3. New Mailing Address, If Applicable				4. Date incorporated or Qualified To Do Business in Florida 2/14/95		
Suite, Apt. #, etc. 1603 City & State Bal Harbour, FL Suite, Apt. #, City & State		enc.		5. FEI Number		
Zip 33154 Count U.S.	Zip	Country		<u> </u>	OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonp Name of Officers and/or Directors 3			itions must list at lea eet Address of Each licer and/or Director se Post Office Box I	ss of Each or Director City / State / Zip		
PGD Cherrie Bieckert 10155 Collins Avenue, 1603 Bal Harbour					Bal Harbour, FL 33154	
				21	300020116727 	
8, Name and Address of Current	Registered Age	ent	· · · · · · · · · · · · · · · · · · ·	9. Name and A	Abile 44	
Corporation Information Services, Inc. 1201 Hays Street Tallahassee, FL 32301 Name Check Street Address 1015 Suite, Apt. 4.				P.O. Box Number i	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F,S, Signature of Registered Agent Pate REGISTERED AGENT MUST SIGN Date 11 20 196						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with this filling 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 empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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: 10/25/96 10/25/96 Date Of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF						