PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT
OCLINICATE #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P95000031787 DOCUMENT #

1. Corporation Name

CONTRACT PARTNERS, INC.

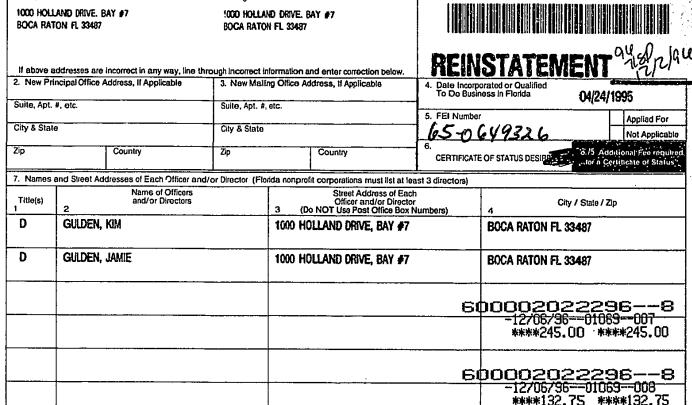
Principal Place of Business

Mailing Address

APPROVED

1996 DEC -2 AM 9: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



9. Name and Address of New Registered Agent Name KIMMELMAN, NED Street Address (P.O. Box Number is Not Acceptable) LAKE WYMAN PLAZA 2424 N. FEDERAL HIGHWAY, SUITE 157 Suite, Apt. #, Etc. **BOCA RATON FL 33487** City State Zip Code

10. I, bug appointed the registered igent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

8. Name and Address of Current Registered Agent

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

(See other side for information on intangible tax.)

12. I cortify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or \$17, F.S. I turther 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examption 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.