PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -5 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034883

1. Corporation Name
South Florida Models, Inc.

Principal Place of Business	Mailing Address
~~1650 N. Federal Hwy~~	~~5473 N. University Dr.~~
~~#7~~	~~Ste. 107~~
~~Pompano Beach, FL 33062~~	~~Lauderhill, FL 33351~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1650 N. Federal Hwy	1650 N. Federal Hwy
Suite, Apt. #, etc. #7	Suite, Apt. #, etc. #7
City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33062 Country	Zip 33062 Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/1995

5. FEI Number: 65-0578876 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] [illegible]

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 Post Office Box Numbers)	4 City / State / Zip
D	Mark Parillo	1650 N. Federal Hwy	Pompano Beach, FL 33062

100002516241--2
-05/07/98--01126--010
***908.75 ***908.75

REINSTATEMENT 97-98 6/6/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~Perry, Jack~~	Name: Florida Incorporators, Inc.
~~5473 N. University Dr. Ste. 107~~	Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Ave. Ste. 900
~~Lauderhill, FL 33351~~	Suite, Apt. #, Etc.
	City: Miami State: FL Zip Code: 33131

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.

Signature of Registered Agent: [signature] Mark Hankins President Date 5/1/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X]
(See other side for information on intangible tax.)

12. 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] Mark Parillo 4/27/98 (954) 781-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

084091 AF