PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052432

1 Corporation Name

WINSLOW INVESTMENTS, INC.

Principal Place of Business

Mailing Address

901 SOUTHEAST 17TH STREET STE 203

FOR.

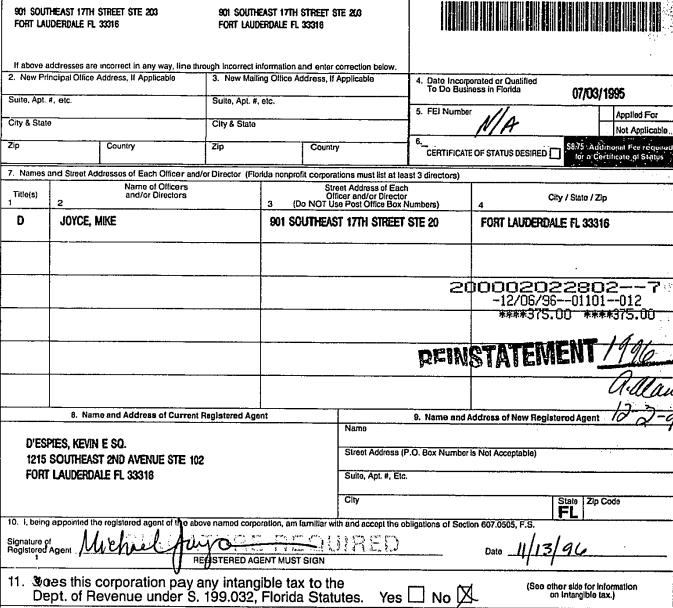
REINSTATEMENT

901 SOUTHEAST 17TH STREET STE 203



96 DEC -2 AM 9:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 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 foes 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 logal effect as if made under oath.

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