(1)

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 AND RECEIVED
98 JUN 29 PM 12:19
FLORIDA

H98000012003

DOCUMENT #p95000054906

Corporation Name
LWOD, Inc.

Principal Place of Business	Mailing Address
3195 Powerline Road Suite 104 Pompano Beach, FL 33069	3195 Powerline Road Suite 104 Pompano Beach, FL 33069

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
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/17/95

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [XXX] $8.75 Additional Fee required for a Certificate of Status

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	Bruce Butler	3195 Powerline Rd., Suite 104	Pompano Beach, FL 33069
D	Scott Brenner	3195 Powerline Rd., Suite 104	Pompano Beach, FL 33069
D	Hy Horowitz	3195 Powerline Rd., Suite 104	Pompano Beach, FL 33069

REINSTATEMENT '9.6.'98

SCC 6-30-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Scott Brenner 3195 Powerline Road Suite 104 Pompano Beach, FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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] REGISTERED AGENT MUST SIGN Date: 6/25/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [XX]

[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 sums 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-98 Date

561-995-4704 Daytime Phone #

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(2)

JUN 29 98 12:... FROM PROSKAUER ROSE ... 561 241 7145 TO ... 00 416 P.01

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6/29/98 FLORIDA DIVISION OF CORPORATIONS 10:42
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FROM: PROSKAUER ROSE GOETZ & MENDELSOHN ACCT#: 074673001063
CONTACT: KATHY RASLER
PHONE: (561)995-4751 FAX #: (561)241-7145

NAME: LWOD, INC.
AUDIT NUMBER.....H98000012003
DOC TYPE.....CORPORATION REINSTATEMENT
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** ENTER 'M' FOR MENU. **
** INVALID SELECTION...PLEASE RE-ENTER **

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