PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 16 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000092353

1. Corporation Name
National Casket Company Inc

2. Principal Office Address	**3.** Mailing Office Address
6555 NW 36 St	
Suite, Apt. #, etc. #114	Suite, Apt. #, etc.
City & State Miami Fla	City & State
Zip 33166 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12-4-1995

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

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

7. Name and Address of Current Registered Agent

Name: DELIA Kennedy

Street Address (P.O. Box Number is Not Acceptable): 6555 NW 36 St #114

Suite, Apt. #, Etc.:

City: MIAMI FLA State: FL Zip Code: 33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 8/1/01

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Zabida Hasin	6555 NW 36 St #114	Miami Fla 33166
	REINSTATEMENT 1350.00 - Adm	9601	
	61.25 - AR		
	88.75 - ARSupp		

10. 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: X _____ 8/1/01 305 871-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #