

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 APR -2 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094977

1. Corporation Name  
**ABSOLUTE HOLDINGS OF  
SOUTH FLORIDA, INC**

Principal Place of Business Mailing Address  
**C/O COLONY REALTY INC.  
11440 OKEECHOBEE BLVD STE. 206  
ROYAL PALM BEACH, FLA. 33411**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0629231	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
V.P.	WILLIAM WRIGHT	13500 CHELMSFORD ST	WELLINGTON, FLORIDA 33414
P.	RICHARD ELLIOTT	13150 DOUBLETREE CIR.	WELLINGTON, FLORIDA 33414
S	KERRY ROBERGE	C/O WILLIAM WRIGHT 13500 CHELMSFORD ST	WELLINGTON, FLA. 33414

**REINSTATEMENT 96-97**  
A. Alan  
4/12/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAM WRIGHT 13500 CHELMSFORD ST. WELLINGTON, FLA. 33411		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300002134043-2 04/04/97-01093-006 ***923.75 ***523.75	
		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: William E. Wright REGISTERED AGENT MUST SIGN Date: 4/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (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: William Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM WRIGHT

Date: 4/1/97 Daytime Phone #: 561-793-4466

CR2E040 (12/96)