

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 28 AM 11:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P95000097940																																	
1. Corporation Name WAAS INC																																	
2. Principal Office Address 6400 NW 77 CT		3. Mailing Office Address 8220 STATE RD 84																															
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 200																															
City & State MIAMI FL		City & State DAVIE FL																															
Zip 33166	Country DADE	Zip 33324	Country BROWARD																														
4. Date Incorporated or Qualified To Do Business in Florida 12/29/95																																	
5. FEI Number 65-0646553																																	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
7. Name and Address of Current Registered Agent																																	
Name C ROBERT MURRAY JR 200003486552-3																																	
Street Address (P.O. Box Number is Not Acceptable) 8300 NW 53 ST 12/12/00-01027-014																																	
Suite, Apt. #, Etc. # 300 ****900.00 ****900.00																																	
City MIAMI FL 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 C. Robert Murray Jr Date 11-20-00																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>CINTHIA WAAS RUSSIAN</td><td>6400 NW 77 CT</td><td>MIAMI FL 33166</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	CINTHIA WAAS RUSSIAN	6400 NW 77 CT	MIAMI FL 33166																				
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REINSTATEMENT 99-00																																	
OK																																	
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)(l), 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: CINTHIA WAAS RUSSIAN Date 11/17/00																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	