

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

00 MAY 10 AM 8:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # Red Reef Inc.

1. Corporation Name

PA6000012591

800003262958--8 -05/23/00--01033--004 ****900.00 ****900.00

2. Principal Office Address

395 N.E. Spanish 706 S.E. 5th Ct.

3. Mailing Office Address

Deer Field Beach Fl

Suite, Apt. #, etc.

River Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, Fl.

City & State

Zip

33431

Country

U.S.A

Zip

33441

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/5/96

5. FEI Number

65065084

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

Theodore Hill BAXTER REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable)

706 S.E. 5th Ct.

Suite, Apt. #, Etc.

City

Deer Field Beach Fl.

State

FL

Zip Code

33441

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

Theodore Baxter

Date

May 9 2000

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 with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Theodore Baxter and Joseph Laug.

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(9)(f), 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:

Theodore H. Laug

06/9/00

Date

561-251-

7714

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR