

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028392

1. Corporation Name

H.K. LAURENCE INC.

Principal Place of Business	Mailing Address
7100 W. CAMINO REAL #100 BOCA RATON FL 33433-5535	7100 W. CAMINO REAL #100 BOCA RATON FL 33433-5535

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. 100	Suite, Apt. #, etc. 100	03/29/1996
City & State	City & State	5. FEI Number 65-0659653
Zip	Zip	Applied For Not Applicable
Country	Country	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	4 City / State / Zip
PD	MADDEN, JOHN L	7100 W. CAMINO REAL, #100	BOCA RATON FL 33433
S	ANTHONY, TAMMIE	7100 W. CAMINO REAL, #100	BOCA RATON FL 33433
			4000003021084-8 -10/21/99-01070-027 ****758.75 ****758.75
			10/13/99

8. Name and Address of Current Registered Agent

MADDEN, JOHN L
7100 W. CAMINO REAL
#100
BOCA RATON FL 33433-5535

9. Name and Address of New Registered Agent

Name	CR2046 (8/99)		
Street Address (P.O. Box Number Is Not Acceptable)			
Suite, Apt. #, Etc.			
City	State	Zip Code	
FL			

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.

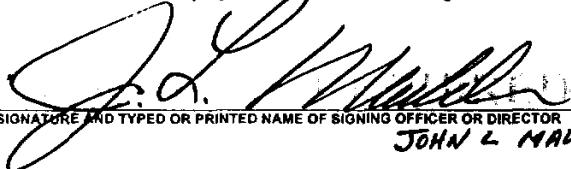
Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/13/99

11. 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN L. MADDEN

10/13/99 5613388803
DBA Daytime Phone #