PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FISION OF CORPORATIONS **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 OCT 20 PH 12: 53 P96000041903 DOCUMENT # 1. Corporation Name TRAILER HAVEN, INC. Principal Place of Business Mailing Address 2360 WILLIAM DR WILLIAM STEP 33305 2360 WILTON DR WILTON MANORS FR. 33305 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 9670 Engle Point 4. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 05/09/1996 Suite, Apt. #, etc. Applied For 5. FEI Number 65-0717077 City & State Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 811 SKY PINE WAY GI 9670 Figle W PALM BEACH FL PD ZABIK, LEONARA J 811 SKY PINE WAY @ 1 9670 E 29 E .W. PALM. BEACH, FL DVP ZABIK, VICTOR T 260 WRANGLEWOOD DR W PALM BEACH FL VS POTENZA, CYNTHIA 200003449172 -11702700 (1981 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 2360 WILTON DR 9670 Engle Point Dr. WILTON MANORS FL 33305 Leke Worth, Fl. 33467 State | Zip Code with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the above named corporation, am

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.

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REGISTERED AGENT MUST SIGN

Signature of Registered Agent

Oct. 19, 2000
Daytime Phone #