PLEASE READ	ALL INSTRUCTIONS	BEFORE			
APPLICATION FOR REINSTATEMENT	Jim Smith Secretary of State MENT DIVISION OF CORPORATIONS		97 0	97 OCT 31 AM 10: 19	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State			SEC	RETARY OF STATE	
1. Name and Mailing Address of Corporation: DOCUMENT # P96000064167 JEFFCO HOLDINGS INTERNATIONAL, INC. 3869-N-W52nd-Street Beea-Raten;-FL-33496-				If Address in Riock / His Indoorded in any way, enter the correct address below: Address	
			691 South Ocean Blvd. City and State Zip Code Boca Raton, FL 33432 3. If Principle Office Address is different from mailing address, enter		
					address below:
			REINSTATEMENT 9000		
Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	(El Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status	
7/31/96	1403-07123	<u> </u>	El Number Not Applicable	CERTIFICATE OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/ Name of Officers	-	eet Address of Ea			
Title(s) and/or Directors 2	ficer and/or Direc se Post Office Bo		City / State / Zip		
D/P/S/T Dina Hashman 691 S. Ocean Blvd. Boca Raton, FL 33432					
			200	100233826 -11/04/9701090012	
				****750.00 ****750.00	
	ed Meskreiser. Die seine ein die	9.	If changed, new re	egistered agent / office	
Name VIIICS			&S Registered Agent Corporation		
8. Name and Address of Current Registered Agent Frie-Kaplan			Street Address (Do NOT Use P.O. Box Number)		
1110-Brickell-Avenue 7th-Floor-	100 S.E. 2nd Street, 28th Floor Street Address (Do NOT Use P.O. Box Number)				
Milmi,-FL-33131		City State Zip			
I, being appointed the registered agent of the above named corporation, am familiar with			Miami		
Signature of Registered Agent Date 10/6/97 Michael Kosnitzky, President Medicas Registered Agent Corp.					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)					
13. 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 filling 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., and that all fees owed by the corporation have been paid. 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 of Officer or DINA HASHMAN, PRESIDENT Date 10/7/97 Daytime Phone # (561) 447 - 9/39					