

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 NOV 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/07/99--01097--001
*****750.00 *****750.00

APPLICATION FOR REINSTATEMENT



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

DOCUMENT #P96000082122

1. Corporation Name
EntrePort Corporation

Principal Place of Business Mailing Address
10455 Sorrento Valley Road Same
Suite 204
San Diego, CA 92121

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

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/04/1996

5. FEI Number 65-0703923

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$575 A.F. Fee and \$250.00 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C/D	D'Arcangelo, David J.	10455 Sorrento Valley Rd. Suite 204	San Diego, CA 92121
D/P/T/S	Shue, William A.	10455 Sorrento Valley Rd. Suite 204	San Diego, CA 92121
VP	Kurtz, Richard J.	10455 Sorrento Valley Rd. Suite 204	San Diego, CA 92121
VP	Yancey, Kim	10455 Sorrento Valley Rd. Suite 204	San Diego, CA 92121

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8. Name and Address of Current Registered Agent

Littman, Eric P.
7695 SW 104 Street, Suite 210
Miami, FL 33156

8. Name and Address of New Registered Agent

Name Corporation, Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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 *Shelly R Dabney* Shelly R Dabney Date 10/22/99
REGISTERED AGENT MUST SIGN Authorized Representative

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 the 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: *W. A. Shue* William A. Shue, President (619) 643-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CDE001 (12/96)