

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS		FILED 02 MAR -1 PM 2:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000000296					
1. Corporation Name SV Management Company of Florida					
2. Principal Office Address 3725 Leafy Way		3. Mailing Office Address Same		REINSTATEMENT 9802	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coconut Grove FL		City & State			
Zip 33133	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 10/16/1998				5. FEI Number 65-0728016	
				<input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name: CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.					
Suite, Apt. #, Etc.					
City: Plantation				State: FL	Zip Code: 33324
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, VS.					
Signature of Registered Agent: <i>Constance B. Ryan</i>				Date: 3/1/02	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	E. Roe Stamps, IV	7 Osprey Lane		Key Largo, FL 33037	
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 T. 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: <i>E. Roe Stamps</i>		2-28-02		305-461-2177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	