PLEASE READ	ALL INST	TRUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			tham itate	FILED		
DOCUMENT # P9700022464 1. Corporation Name				98 DEC 24 PM 6: 42		
IAVENUE, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 8358 WEST OAKLAND PARK BLVD STE. 100 8358 WEST OAKLAND PARK BLVD SUNRISE FL 33351 SUNRISE FL 33351			. STE. 100			
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				4. Date Incorporated of Quamfied To Do Business in Florida 03/07/1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.		5. FEI Number Applied For		
City & State Zip Country	City & State	Country	,	6.	\$8,75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/	or Director (Flo	orida nonprofit corpora	tions must list at lea		FOR STATUS DESIRED for a Certificate of Status	
Name of Officers Title(s) and/or Directors 1 2		Street Address of Each Officer and/or Director Office Post Office Box Numbers)			City / State / Zip	
P Patrick G. Turbide		8358 W. Caklard Park Blud Ft. Lauderdale, FL 33351				
V/T LuAnn Tarter		8358 W. Oakland Park Blud A. Landerdale, FL 33351				
			50002731065 -01/05/9901091001 ****750.00 *****750.0		-01/05/9901091- - 001	
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8. Name and Address of Current Registered Agent Name			Name	9. Name and A	Address of New Registered Agent	
GREENE, MICHAEL E NEIMARK, GREENE & NADEL 800 CORPORATE DR., STE. 602			Street Address (P.O. Box Number is Not Acceptable) 8358 W. Oakland Park Blud #100 Suite, Apt. #, Etc.			
FT. LAUDERDALE FL 33334				erdale	State Zip Code FL 33351	
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 12.122.198						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 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 Date Day Time Phone #						

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