PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 23 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024142

1. Corporation Name

Soulution Sober House, Inc.

2. Principal Office Address	**3.** Mailing Office Address
871-883 SW 10 Street	PO Box 333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Pompano Beach, Florida	Pompano Beach, Florida

Zip	Country	Zip	Country
33060	USA	33061	USA

4. Date Incorporated or Qualified To Do Business in Florida 3/11/97

5. FEI Number 077778J0 65-8434474 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

01-03

7. Name and Address of Current Registered Agent

Name John L. Williams

Street Address (P.O. Box Number is Not Acceptable) 1610 NE 32 Court

Suite, Apt. #, Etc.

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City	State	Zip Code
Pompano Beach	FL	33064

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, F.S.

Signature of Registered Agent _John Williams_
REGISTERED AGENT MUST SIGN

Date January 21,2003

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
Pres.	John L. Williams	1610 NE 32 Ct.	Pompano Beach, FL 33064

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, 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: _John Williams, Pres._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-21-03

Daytime Phone # 954-941-3042

CR2E081 (10/02)