


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 4:15

DOCUMENT # P97000024528

1. Corporation Name

PRACTICAL GROWTH, INC.

Principal Place of Business

Mailing Address

102 N.E. 2ND STREET, #319
BOCA RATON FL 33432
US

102 N.E. 2ND STREET, #319
BOCA RATON FL 33432
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0753123

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
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	City / State / Zip
P	BRIER, STEVEN	102 N.E. 2ND STREET, #319	BOCA RATON FL 33432

7000004669817-4
-11/06/01--01089--019
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIER, STEVEN
C/O BRIER/ZIEGLER
102 NE 2ND STREET, #319
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

11. 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

Daytime Phone #

CRE040 (8/01)



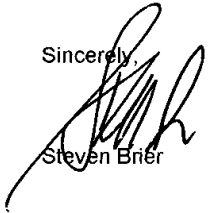
Wednesday, October 17, 2001

Florida Dept of State
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Division of Corps:

The reason for need to re-instate was never receiving forms and a change of address, as your records will indicate. I had previously sent in a late payment and filing when I received the second notice. I was advised by phone yesterday that it was returned for various reasons in filling out the form but I never got that either. Here is request for re-instatement, a second attempt, properly prepared forms and an address where I seem to now get my mail and do not understand why I did not receive back my July filing.

Sincerely,



Steven Brier

320Plaza Real #306
Boca Raton, Fl. 33432
www.PracticalGrowth.com

Tel: 561 391 9099
Fax: 208-567-8003