

Praise PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000039385			
1. Corporation Name Praise Enterprises Corp.			
2. Principal Office Address 4331 N. Federal Hwy Suite, Apt. #, etc. #102 City & State Ft. Lauderdale, FL Zip 33308		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 PM 3:32

4. Date Incorporated or Qualified To Do Business in Florida 05/02/97	
5. FEI Number 65-0750375	Applied For <input type="checkbox"/> Not Applicable
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 Filho, Estevam H	
Street Address (P.O. Box Number is Not Acceptable) 4331 N. Federal Hwy	
Suite, Apt. #, Etc. #102	
City Ft. Lauderdale	State FL
Zip 33308	Zip Code 33308

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-10/09/00--01097--02
****450.00 ****450.00

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 <i>[Signature]</i>	Date 9/19/00
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
PSTD	Filho, Estevam H	4331 N. Federal Hwy	Ft. Lauderdale, FL 33308

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: <i>[Signature]</i>	Date 09/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	