	PLEAS	SE READ A	LL INST	RUCTIONS BEFO	ORE C	OMPLET	ING THIS FORM.		
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED OIDECII PH 2:50					
f ⊮ Corpora	JMENT # pation Name	110004	 3295				SECRETARY OF STAT TALLAHASSEEFFLORI	E: DA:	
520 SE 5th Avenue			3. Mailing Office Address 520 SE 5th Avenue Suite, Apt. #, etc. Unit 1113			REINSTATEMENT 98-01			
City & State Ft. Lauderdale, FL			City & State Ft. Lauderdale, FL			4. Date Incorporated or Qualified 5/12/97 5. FEI Number Applied For Not Applicable			
z p 3330	Country US		Zip 33301	Country US		6. CERTIFICATE		tional Fee required	
	1 00			ame and Address of Current	4.5	44	To a Let	tificate of Status	
Signature of Registered A	Suite, Apt. #, Etc. Unit 11 City Ft. Lau appointed the results field	5th Avenue 13 derdale agent of the above REC	e named corpor	ENT MUST SIGN			-12/26/01010 ***1208.75 * State Zip Code LS FL 33301 on 607.0505 or 617.0503, F.S. Deto December 10	**1 208.75	
		Lech Officer and/o	or Director (Flor	Director (Florida nonprofit corporations must list at les Street Address of Each			· · · · · · · · · · · · · · · · · · ·		
PSTD	Officers	and/or Directors		Officer and/	or Director	- 1113	City / State / Zip Ft Lauderdale, FI	33301	
this reins owed by	statement application, the the corporation have be	e reason for dissolution paid and the paid	ution has been imes of Individu nature shall hav	eliminated, the corporate nam	ne satisfies t qualify for a	he requirements a exemption und	pter 607 or 617, F.S. I further certify the of section 607.0401 or 617.0401, F.S. er section 119.07(3)(1), F.S. The information of the organization of the organizatio	., that all fees	
SIGNATI		ID TYPED OR FRIN	TED NAME OF SI	GNING OFFICER OR DIRECTOR	·	Decembe	r 10, 2001 954-523		
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