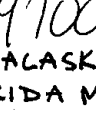


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 SEP 12 PM 3:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P97000055299			
1. Corporation Name ELLEN S. MALASKY & ASSOCIATES, P.A. 1300 N. FLORIDA MANGO ROAD, SUITE 15 WEST PALM BEACH, FL 33409			
2. Principal Office Address 1300 N. Florida Mango Rd. Suite, Apt. #, etc.: Suite 15 City & State: West Palm Beach, FL Zip: 33409 Country: U.S.A.		3. Mailing Office Address Suite, Apt. #, etc.: City & State: Zip: Country:	
		4. Date incorporated or Qualified To Do Business in Florida 7/1/97 5. FEI Number 65-0768066 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: Ellen S. Malasky 300004602613-- Street Address (P.O. Box Number is Not Acceptable) 09/20/01 01051-017 1300 N. Florida Mango Rd. ***900.00 ***900.0 Suite, Apt. #, Etc.: Suite 15 City: West Palm Beach State: FL Zip Code: 33409			
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: Ellen S. Malasky Date: 9/10/01 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
PRESIDENT	Ellen S. Malasky	1300 N. Florida Mango Rd. Suite 15	West Palm Beach, FL 33409
RECEIVED 09-01-01			
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)(d), 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: Ellen S. Malasky SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/10/01 (561) 712-9900 Date Daytime Phone #	