
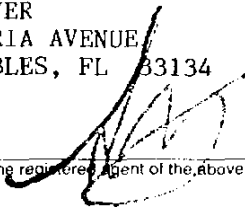
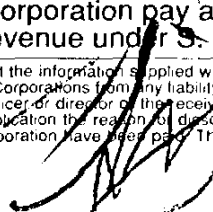


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000087110 <small>1. Corporation Name</small> SEMINAR INDUSTRIES OF AMERICA, INC.		99 MAY 16 AM 10:49 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
<small>Mailing Address</small> 1000 WEST McNAB ROAD SUITE 106 POMPANO BEACH, FL 33069		<small>Principal Place of Business</small> 1000 WEST McNAB ROAD SUITE 106 POMPANO BEACH, FL 33069	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<small>2 New Mailing Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>3 New Principal Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country	
		<small>4 Date Incorporated or Qualified To Do Business in Florida</small> 10/09/1997	
		<small>5 FEI Number</small> 65-0788352	
		<small>6 CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>			
<small>Title(s)</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</small>	<small>City / State / Zip</small>
PSTD	STEVEN WEST	1000 W McNab Rd. Suite 106	Pompano Beach, FL 33069
<small>8. Name and Address of Current Registered Agent</small> AMERILAWYER 343 ALGERIA AVENUE CORAL GABLES, FL 33134		<small>9. Name and Address of New Registered Agent</small> Name: STEVEN WEST Street Address (P.O. Box Number is Not Acceptable): 1000 W McNAB ROAD, Suite, Apt. #, Etc.: SUITE 106 City: POMPANO BEACH State: FL Zip Code: 33069	
<small>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.</small> Signature of Registered Agent:  Date: 5/10/99 REGISTERED AGENT MUST SIGN			
<small>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</small> <input type="checkbox"/> (See other side for additional information.)			
<small>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</small> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
<small>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when filing this reinstatement application the reason of dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small>			
<b>SIGNATURE:</b> 		STEVEN WEST, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date: 5/10/99 Daytime Phone #: 954-788-9300	

CR2E040 (5/94)