PLEASE READ ALL INSTR   UCTIONS BEFORE COMPLETING THIS FORM.

CORPORA TION REINST ATEMENT

FLORID A DEP ARTMENT OF ST ATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG -1 PM 2: 21
SECRETARY OF STATE
TALLAHASSEE, FLORID/

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***1058.75   ***1058.75

REINSTATEMENT
00-02

DOCUMENT # P97000087830

1. Corporation Name

The British Oak, Inc.

2. Principal Office Address	3. Mailing Office Address	
3281 Griffin Road	315 SE 7th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200	

4. Date incorporated or Qualified To Do Business in Florida 10/10/1997

City & State	City & State	
Fort Lauderdale, FL	Fort Lauderdale, FL	

5. FEI Number 650887510 | Applied For / Not Applicable

Zip	Country	Zip	Country
33312	USA	33312	USA

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Christopher C. Cloney, Esq.

Street Address (P.O. Box Number is Not Acceptable)
315 SE 7th Street

Suite, Apt. #, Etc.
Suite 200

City Fort Lauderdale | State FL | Zip Code 33301

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 _____

REGISTERED AGENT MUST SIGN

Date July 30, 2002

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
PTD	Colin Jackson	3281 Griffin Road	Fort Lauderdale, FL 33301

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 o f 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 s ection 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: _____   Colin Jackson   7/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/ 01)