1811	PLEASE READ	ALL INS	TRUCTIONS	S BEFORE (	COMPLET	ING THIS FORM.	Day of	
APPLICATION FLORIDA DEPARTMENT OF STAT					7	.1	7901216	
REINSTAFEMENT Secretary of State DIVISION OF CORPORATIONS					FILED			
DOCUMENT # P97000103582					03 JAN 31 AM 9:32			
1. Corporation Name TERINA INVESTMENT CORPORATION					SECRETARY OF STATE			
termax maxed material controllar					01/31 <del>\</del>		<del>i300.00</del>	
Principal Place of Business Mailing Address  7364 SW 48 AVE					- 	Ha (din) (dan) aanu aanu aanu aanu aanu	. ()(0)	
MIAMI FL 33155								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					900011596819 -01/31/0301075001 **300,00			
2. New Principal Office Address, If Applicable 611 S. Indian River Prive 611 S.			ng Office Address of Applicable  4. Date Incom To Do Bus		porated or Qualified siness in Florida 12/02/1997			
City 9 Class					5. FEI Number 65-0823249		Applied For Not Applicable	
Fort Pierce Fl. 34950 Fort P			lerce Fl. 3		6. CERTIFICATE	\$8.75 Additions		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	2 and/or Directors 3 Officer and/or			reet Address of Each fficer and/or Director				
CPD	ST. GEORGE, M.T. KINK D	Young	7380 SW 48TH	<del>AVENUE</del> Indian Rive <i>l</i>	Dr.	-MIAMI FL 33155 Ft. Pierce, F	1. 34950	
VD	ST. GEORGE, M.J. Brett D	Young				MIAMI FL 33155		
VD	TEJERA, R Monica	Young	7380-SW 48-ST			MIAMI-FL 33155		
DVST	CHEDIAK, P S. J. T. J. 7380 SW 48 ST					MAMIFL 33155	1. 34950	
DV	S. Kirsten Young 611 S. Indi			Indian Ri	ver Dr.	Ft. Pierce, F MIAMI FL 33155	F1. 34950	
	8. Name and Address of Current Registered Agent				13/2 10			
ST. GEORGE, M.J.  Name Kirk					9. Name and Address of New Registered Agent  D. Young			
7380 SW 48TH AVENUE					O. Box Number is Not Acceptable) , Indian River Drive			
MIAMI FL 33155 Suite, Apt. #, Etc.								
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. or 617.0505, F.S.							34950	
of 617.0505, F.S.								
Signature of Registered Agent								
11. 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 filling 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: STATUTE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

1/28/03
Date Davime Phone #

PARENT

Dear Sir, Ms.

Please accept this for reinstatement, as I recoved no corressepondence regarding this;

> Thank you Kirk Young