

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---

DOCUMENT # P98000002424

1 Corporation Name
Comprehensive Financial Management, Inc

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV-1 PM 1:15

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1975 E. Sunrise Blvd Suite Apt. #, etc. Suite 604 City & State Ft. Lauderdale FL Zip 33304	3. New Mailing Office Address, If Applicable 1975 E. Sunrise Blvd Suite Apt. #, etc. Suite 604 City & State Ft. Lauderdale FL Zip 33304	4. Date Incorporated or Qualified To Do Business in Florida 1/7/98
5. FEI Number 62-2090876		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Standard Certificate <input type="checkbox"/> Certificate of Good Standing		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. 2	President Michael A. Voigt	1290 SW Cypress Way	Boca Raton FL 33486
		3000003038553--5 -11/08/99-01117-025 *****150.00 *****150.00	

8. Name and Address of Current Registered Agent

Michael A. Voigt
398 W. Camino Gardens Blvd
Suite #109
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name Michael A. Voigt
Street Address (P.O. Box Number Is Not Admissible)
1975 E. Sunrise Blvd
Suite Apt. #, Etc.
Suite 604
City Ft. Lauderdale
State FL Zip Code 33304

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.

Signature of Registered Agent

Date 10/28/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes No

(See other side for information
on Intangible tax.)

12. 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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Voigt 10/28/99 800-320-1818

Date

Daytime Phone #

Comprehensive Financial Management, Inc.
Consulting Firm

1975 E. Sunrise Blvd.
Suite 604
Ft. Lauderdale, FL 3304
800-320-1818

3317 C Old Capital Trail
Wilmington, DE 19808
Telephone (302) 994-2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

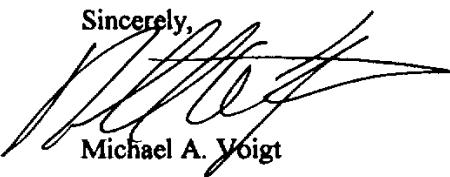
To Whom It May Concern:

Enclosed is a copy of the Application for Reinstatement for Comprehensive Financial Management, Inc.

We never received the renewal forms from your office to keep the company current. I talked with Ms. Hampton and she told me to send a check for only \$150.00, because we were not notified of the pending dissolution.

Should you have any questions, please call me at 800-320-1818

Sincerely,


Michael A. Voigt