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CORPORATION REINSTATEMENT	
OCUMENT #	



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000008930

1. Corporation Name

FILED

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SECRETARY OF STATE TALL'AHASSEE, FLORIDA

2. Princi	pal Office Address	3. Mailing Office Addr	ess	REINSTATENTOGA	
Suite 300-A		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida January 28, 1998	
		City & State			
		Houston, Texas 77046-0196		5. FEI Number Applied For	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status	
		7. Name and	Address of Current Regi	istered Agent	
8. I, bein Signature Registerer	of d Agent Agent .	we named corporation, am		30003187743-1 -03/29/0001007009 ****\$08.75 *****308.75 State Zip Code FL 33133-5413 he obligations of section 607.0505 or 617.0503, F.S. Date March 10, 2000	
	Davida. Fijiedilali +	EGISTERED AGENT MUS			
9. Name Titles	P. Names and Street Addressès of Each Officer and/or Director (Fig. 1) Name of Officers and/or Directors		Street Address of E Officer and/or Dire	Each Oir / Street / 72-	
PVS TD_	David A. Friedman	2601 S	outh Bayshore Dri	ve, Suite 300-A Miami, Florida 33133-5413	
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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 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 lill 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 affect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2000

713-850-1850

Daytime Phone #