

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000036897

1. Corporation Name
APRIL PROJECT I CORP.

Principal Place of Business	Mailing Address
7695 S.W. 104TH STREET STE. 210 MIAMI FL 33156	7695 S.W. 104TH STREET STE. 210 MIAMI FL 33156

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
01 FEB 16 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA



04/28/00 90461 001-570000

4. Date Incorporated or Qualified To Do Business in Florida	04/23/1998
5. FEI Number	65-1070667
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	LITTMAN, ERIC P	7695 S.W. 104TH STREET STE. 210	MIAMI FL 33156
			300003746343--4 -02/21/01-01117-011 ***1500.00 ****750.00
			\$ 750.00

REINSTATEMENT 2000-01

8. Name and Address of Current Registered Agent
LITTMAN, ERIC P
7695 S.W. 104TH STREET STE. 210
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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 _____ **SIGNATURE REQUIRED** _____ Date 2/15/01
REGISTERED AGENT MUST SIGN

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 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 REQUIRED _____ Date 2/15/01 Daytime Phone # 305 683 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)