PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98	80	00	044	61	3
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1. Corporation Name

C.R.I.A. RESEARCH, INC.

Principal Place of Business

Mailing Address

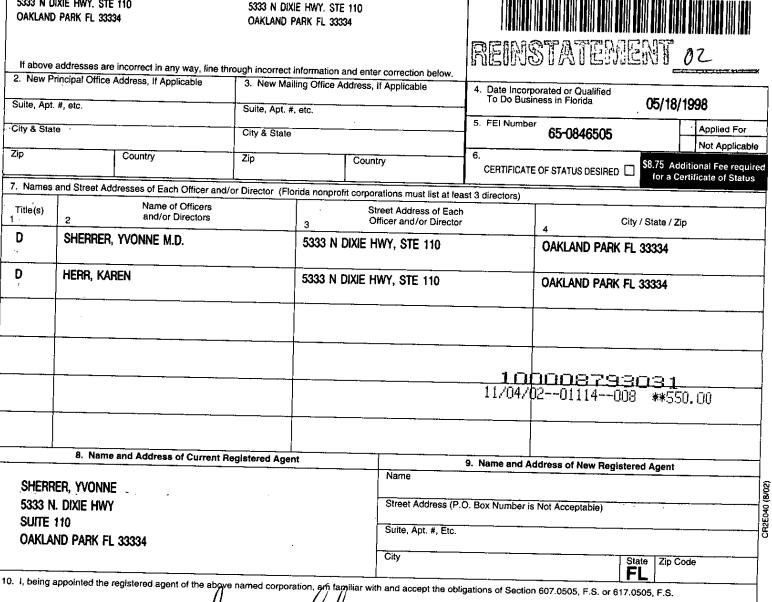
5333 N DIXIE HWY, STE 110 OAKLAND PARK FL 33334

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FILED

02 HOV -4 PM 4: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

Signature of

on this application is true and accurate, and my signature shall have the same egal effect as if made under oath.

10/30/01

Date

19/30/0