


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P98000050550			
<b>1. Corporation Name</b> Feder Holdings, Inc.			
<b>2. Principal Office Address</b> 14 Isla Bahia Drive		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Fort Lauderdale, FL		<b>City &amp; State</b>	
<b>Zip</b> 33316	<b>Country</b> US	<b>Zip</b>	<b>Country</b>

**FILED**  
05 MAR -8 PM 3:44  
05 MAR -8 PM  
SECRETARY OF STATE, SECRETARY OF  
TALLAHASSEE, FLORIDA TALLAHASSEE, FL

**REINSTATEMENT 02-05**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/06/1998	
<b>5. FEI Number</b> 65-0841631	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Steven L. Feder	
Street Address (P.O. Box Number is Not Acceptable) 14 Isla Bahia Drive	
Suite, Apt. #, Etc.	
City Fort Lauderdale	State FL
Zip Code 33316	Zip Code 33316

600048983616  
03/23/05--01014--025 \*\*120.00

600048983616  
03/23/05--01014--025 \*\*8.75

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Steven L. Feder*

REGISTERED AGENT MUST SIGN

Date

3/4/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVSD	Steven L. Feder	14 Isla Bahia Drive	Fort Lauderdale, FL 33316

**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 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:**

*Steven L. Feder*

Steven L. Feder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/05

Daytime Phone #

CR2E081 (01/05)