


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>998000062000</u>			
<b>1. Corporation Name</b>  <b>THE LIVING REEF, INC.</b>			
<b>2. Principal Office Address</b>  <u>5624 NW 167th Street</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b>  <u>Same</u> Suite, Apt. #, etc.	
<b>City &amp; State</b>  <u>Hialeah, Fl</u>		<b>City &amp; State</b>  <u>Hialeah, Fl.</u>	
<b>Zip</b>  <u>33014</u>	<b>Country</b>  <u>USA</u>	<b>Zip</b>  <u>33014</u>	<b>Country</b>  <u>USA</u>

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**01 JUN -6 AM 10:41**

**REINSTATEMENT** 00-01

<b>4. Date Incorporated or Qualified</b> To Do Business in Florida <u>July 13, 1998</u>		<b>SP</b>
<b>5. FEI Number</b> <u>65 0843217</u>		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>\$8.75 Additional Fee required for a Certificate of Status</b>		

**7. Name and Address of Current Registered Agent**

**Name**

Marcia Murphy-McDonald

**Street Address (P.O. Box Number is Not Acceptable)**

201 SW 116th Avenue

**Suite, Apt. #, Etc.**

305

**City**

Pembroke Pines

**State**

FL

**Zip Code**

33025

**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**

**REGISTERED AGENT MUST SIGN**

**Date** 6/2/01

**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
Pres	Paul A Small	6630 NW 101st Terrace	Parkland Fl. 33076
VP	Fredrick S McDonald	201 SW 116th Ave #305	Pembroke Pines Fl. 33025

**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:**

Fredrick S McDonald

6/4/01

CR2E061 (9/00)