PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINST	ORATION TATEMENT		Se DIVISIO	cretary of S ON OF CORPOR			7/\$10 <b>03</b> 00	NOF CORPORA)	IE TOM:
DOCUMENT # P98000068407 1. Corporation Name Traffic Ticket Help Center, Inc						·			
2. Principal Office Address 3. Mailing Office Address /								o <u>za</u> grze	17
306   N Suite, Apt. #, etc	l. Federa	KHWY	S401 N. University Or Suite, Apt. #, etc.			10/21/03-01067-040 **158.75  4. Date Incorporated or Qualified To Do Business in Florida			
City & State  Ft. Lauderdale, FZ  Zip Country			City & State Lauderhill, FL  Zip Country			5. FEI Number Applied For Not Applied For Not Applied For Status proper to \$8.75 Additional Fee required			
7. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable))  Suite, Apt. #, Etc.									
State FL 2ip Code FL 33306  8. I, being appointed the registered agent of the above hamed 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  REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Office	Name of rs and/or Directors	Street Address of Each Officer and/or Director					City / State / Zip	
D S	stephe	n Lust	tg 6	2216 E	. Oaklan/	Parl 314	T-4.	Lauderdale	-, Fe 3330 b
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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 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 AND WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayling Phone #									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1280 Dayulla Pilolis #									



## Law Offices LUSTIG & ASSOCIATES, P.A.

Traffic Ticket Help Center

Traffic • Criminal • Auto Injury

October 8, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: P98000068407

TRAFFIC TICKET HELP CENTER, INC.

Tô Whom It May Concern:

Please be advised we did not receive our 2003 annual report form. Our new mailing address is 5401 N. University Dr., Lauderhill, FL 33351.

Please accept this \$158.75 to reinstate this corporation and issue a Certificate of Good Standing.

Thank you.

Sincerely

Stepher L. Lustig, Esq.

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