

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 AM 10:02

DOCUMENT # P98000085681

1. Corporation Name  
2861 OAKLAND PARK CORP.

REINSTATEMENT 99-00  
65-1091016

2. Principal Office Address  
2857 E. OAKLAND PARK BLVD.

3. Mailing Office Address  
2857 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

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City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

Zip Country  
33306 USA

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33306 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/98

5. FEI Number APPLIED FOR Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  38.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MICHAEL GAGLIARDI  
Street Address (P.O. Box Number is Not Acceptable)  
2857 E. OAKLAND PARK BLVD.  
Suite, Apt. #, Etc.

488003349537  
08/08/00-01078-003  
\*\*\*\*300.00 \*\*\*\*300.00

City State Zip Code  
FT. LAUDERDALE, FL 33306

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.  
Signature of Registered Agent *[Signature]* Date 7-25-2000  
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/T/S	MICHAEL GAGLIARDI	2857 E. OAKLAND PARK BLVD.	FT. LAUDERDALE, FL 33306

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)(D), 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.

X SIGNATURE: *[Signature]* MICHAEL GAGLIARDI, DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-25-2000  
Daytime Phone #

CREEDA (8/98)