

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS		<b>FILED</b>  01 NOV 15 PM 5:12  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>CORPORATION REINSTATEMENT</b>					
<b>DOCUMENT #98000104957</b> 1. Corporation Name OH, INC.					
2. Principal Office Address 1000 N.E. 56th Street Suite, Apt. #, etc.		3. Mailing Office Address 1000 N.E. 56th Street Suite, Apt. #, etc.		<b>REINSTATEMENT 01</b>	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33334	Country USA	Zip 33334	Country USA	4. Date Incorporated or Qualified To Do Business in FL <u>11/24/98</u> 5. FEI Number 65-0884596	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS <u>US</u> \$8.75 Additional Fee for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation					
State FL					
Zip Code 33324					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61 <b>PETER F. SOUZA</b> Assistant Secretary REGISTERED AGENT MUST SIGN Signature of Registered Agent _____ Date <u>11/7/01</u>					
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	
P/S/T/D	Richard Inglis	2455 E. Sunrise Blvd.		Fort Lauderdale, FL 33304	
		Suite 320 International Building			
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 6 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 6 owned by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>[Signature]</u> <u>11/12/01</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard Inglis					