


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 FEB -9 PH 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **P99000004829**
1. Corporation Name
Westover Design, Inc.

2. Principal Office Address 100 Regency Forest Dr. Suite, Apt. #, etc. Suite 400 City & State Cary, NC 27511 Zip 27511 Country USA		3. Mailing Office Address 100 Regency Forest Dr. Suite, Apt. #, etc. Suite 400 City & State Cary, NC 27511 Zip 27511 Country USA	
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REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 1/15/99	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0905262		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Additional Fee Required 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 South Pine Island Road

Suite, Apt. #, Etc.
200003745192--7
02/21/01--0104--001
*****908.75 ***908.75**

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 617.0503, F.S.

Signature of Registered Agent **Connie Bryan** **CONNIE BRYAN** **SPECIAL ASSISTANT SECRETARY** Date **2/9/01**
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
Dir/Pres	Calvin J. Payne	17886 55th Avenue	Surrey, BC V3S 608
VP	Kenneth Ballew	3020 High Ridge Road, Suite 200	Boynton Beach, FL 33426

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: **Kenneth Ballew** Date **02-08-01** Daytime Phone # **561 588 8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Ballew, VP