

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

00 OCT 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA
 600003472436--3
 -11/21/00--01033--021
 ****758.75 ****758.75
DOCUMENT # P990000 10568**1. Corporation Name**

Steeplechase Investments, Inc.

2. Principal Office Address

110 E. Atlantic Avenue

3. Mailing Office Address

110 E. Atlantic Avenue

Suite #, etc.
Suite 200Suite, Apt. #, etc.
Suite 200**City & State**

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip
33444Country
U.S.A.**Zip**

33444

Country

U.S.A.

REINSTATEMENT**00****4. Date Incorporated or Qualified
To Do Business in Florida**

Feb. 3, 1999

5. FEI Number

65-0894022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent****Name**

Steven Garellek

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

7000 W. Palmetto Park Road, Suite 200, Boca Raton, FL 33433

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State
FL**Zip Code**
33433**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.**Signature of
Registered Agent**X**

REGISTERED AGENT MUST SIGN

Date Oct. 26/00

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
PSTD	Jeffrey Applebaum	110 E. Atlantic Avenue, #200	Delray Beach, FL 33444

KE**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:**

 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Oct. 25/00

Date

561-278-4227

Daytime Phone #