


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Revised

APPROVED
AND
FILED

00 OCT -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000034311. 1. Corporation Name Staab, Inc.			
2. Principal Office Address 648 Northeast 26th Ave. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL 33304		City & State Zip 33304	
Country USA		Country	

4. Date Incorporated or Qualified To Do Business in Florida April 14, 1999	
5. FEI Number 65-0924987	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name C. Christian Sautter, Esq. Street Address (P.O. Box Number is Not Acceptable) 2900 East Oakland Park Boulevard Suite, Apt. #, Etc. Suite 200 City Fort Lauderdale		State FL Zip Code 33306
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REINSTATEMENT

2000
[Signature]

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 *[Signature]* Date 09/29/2000

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
P/D	Paul McGee	648 Northeast 26th Ave.	Ft. Lauderdale, FL 33304
VP/D	John P. Staab	648 Northeast 26th Ave.	Ft. Lauderdale, FL 33304
S	C. Christian Sautter	648 Northeast 26th Ave.	Ft. Lauderdale, FL 33304

9000003411839

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]* C. Christian Sautter, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/29/2000 (954) 568-2122
 Daytime Phone #

CR2E081 (9/99)



Pg. 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 849726 98373A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 767.50

ORDER DATE : October 2, 2000

ORDER TIME : 11:44 AM

ORDER NO. : 849726-005

CUSTOMER NO: 98373A

CUSTOMER: C. Christian Sautter, Esq
Seiler & Sautter
Suite 200
2900 East Oakland Park Blvd.
Fort Lauderdale, FL 33306

DOMESTIC FILINGS

NAME: STAAB, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

RECEIVED
00 OCT -2 PM 12:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA