

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000040366**

1. Corporation Name
5600 RE INVESTMENT, INC.

Principal Place of Business 1803 S. AUSTRALIAN AVE., SUITE A W. PALM BCH FL 33409	Mailing Address 1803 S. AUSTRALIAN AVE., SUITE A W. PALM BCH FL 33409
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REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/29/1999 -	
City & State		City & State		5. FEI Number	
Zip		Country		65-0921085	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SABA, WALID	1803 S. AUSTRALIAN AVE., SUITE A	W. PALM BCH FL 33409
VSTD	HODGES, LARRY W	1803 S. AUSTRALIAN AVE., SUITE A	W. PALM BCH FL 33409

000008666730
 10/29/02--01070--016 **750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
HODGES, LARRY W 1803 S. AUSTRALIAN AVE., SUITE A W. PALM BCH FL 33409		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Handwritten Signature]*
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN
 Date: 10/23/2002

11. 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: *[Handwritten Signature]*
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/23/2002 Daytime Phone #: 561-686-5377

CR2E040 (8/02)