
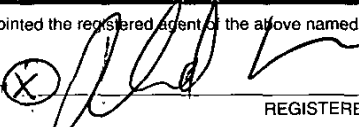
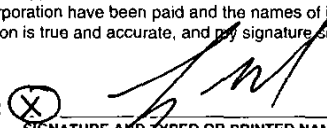


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 14 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # P 99000045060																																					
1. Corporation Name CHOICE HIRE AND TRAIN.COM, INC.																																					
2. Principal Office Address 3111 STIRLING RD. Suite, Apt. #, etc. # 307 City & State FT. LAUDERDALE, FL Zip 33312 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida MAY 18, 1999																																	
5. FEI Number 65-0918646				Applied For Not Applicable																																	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																																	
7. Name and Address of Current Registered Agent																																					
Name RICHARD H. BREIT, ESQ.																																					
Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING RD. 600003496576-8																																					
Suite, Apt. #, Etc. 12/12/00-01028-005																																					
City FT. LAUDERDALE State FL Zip Code 33312																																					
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 (X)  Date 11/9/00																																					
REGISTERED AGENT MUST SIGN																																					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P/S/D</td><td>LARRY L. VAN DUSSELDORP</td><td>1515 DIPLOMAT PKWY</td><td>HOLLYWOOD, FL 33019</td></tr><tr><td>V/D</td><td>GAIL VAN DUSSELDORP</td><td>1515 DIPLOMAT PKWY</td><td>HOLLYWOOD, FL 33019</td></tr><tr><td>D</td><td>CARL BULLELLATO</td><td>2830 PALMER DRIVE</td><td>HOLLYWOOD, FL 33021</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/S/D	LARRY L. VAN DUSSELDORP	1515 DIPLOMAT PKWY	HOLLYWOOD, FL 33019	V/D	GAIL VAN DUSSELDORP	1515 DIPLOMAT PKWY	HOLLYWOOD, FL 33019	D	CARL BULLELLATO	2830 PALMER DRIVE	HOLLYWOOD, FL 33021																
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REINSTATEMENT 00 18																																					
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: (X)  11/9/2000 954-964-9025																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					
Larry L. Van Dusseldorp, SR																																					

CR2E081 (9/99)