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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000047061

1. Corporation Name
ADVANCED ALL AMERICAN BUSINESS MANAGEMENT, INC.

2. Principal Office Address	3. Mailing Office Address
1225 N.W. 58 AVE	1225 NW 58 AVE
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: LAUDERHILL, FL	City & State: LAUDERHILL, FL
Zip: 33313 Country: U.S.A.	Zip: 33313 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 5/24/1999

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BRIAN O' DAVIS

Street Address (P.O. Box Number is Not Acceptable): 1225 N.W. 58 AVE

Suite, Apt. #, Etc.: N/A

City: LAUDERHILL | State: FL | Zip Code: 33313

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: Brian Davis — REGISTERED AGENT MUST SIGN — Date: 09-24-04

CR2E081 (01/04)

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
D	BRIAN O' DAVIS	1225 N.W. 58 AVE	LAUDERHILL, FL 33313
			000041536710 10/06/04--01020--007 **750.00
		REINSTATEMENT 02-04	

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: Brian Davis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 09-24-04 — Daytime Phone #

TO: FLORIDA DEPARTMENT OF STATE

FROM BRIAN O DAVIS AND.
ADVANCED ALL AMERICAN BUSINESS MANAGEMENT, INC.

To whom it may concern:

I BRIAN DAVIS DID not RECIEVE ANY NOTICE
FOR my ANNUAL Report 2000. My address was changed
twice, SINCE opening this CORPORATION. My current
address is NOW 1225 N.W. 58 AVE
LAUDERHILL, FL 33313

THANK YOU, FOR YOUR CONSIDERATION

Sincerely
Brian Davis