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NOV. 12. 2002 12:33PM

CSC TALL

NO. 603 - P. 2

P. 002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000072161

1. Corporation Name

JAMES P. MCCRORY CO., INC.

2. Principal Office Address
1440 S. Ocean Blvd.

3. Mailing Office Address
1440 S. Ocean Blvd.

Suite, Apt. #, etc.
Suite 9-D

Suite, Apt. #, etc.
Suite 9-D

City & State
Pompano Beach, Florida

City & State
Pompano Beach, FL

Zip
33062

County
Broward

Zip
33062

County
Broward

4. Date incorporated or Qualified
To Do Business in Florida **8/12/89**

5. PEI Number
65-0945439

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SD.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven O. Elkin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
7805 S.W. 6th Court

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 817.0503, F.S.

Signature of
Registered Agent



Date
11/12/02

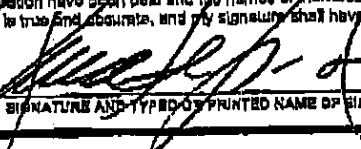
REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Paul Lapine	1440 S. Ocean Road	Pompano Beach, FL 33062

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 807 or 817, 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 807.0401 or 817.0401, 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 118.07(3)(f), 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:



Paul Lapine

11/12/02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

JAMES P. MCCRORY CO., INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75