


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000074398

1. Corporation Name

FASKE ENTERPRISES, INC.

2. Principal Office Address

1357 Van Buren Street

Suite, Apt. #, etc.

3. Mailing Office Address

1357 Van Buren Street

Suite, Apt. #, etc.

City & State

Hollywood, FL 33019

City & State

Hollywood, FL 33019

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/99

5. FEI Number

65-0942288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Garry C. Faske, Esquire

Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 616

City

North Miami

State

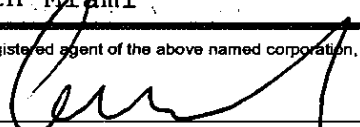
FL

Zip Code

33181

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



Date

10/7/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Barry L. Faske	1357 Van Buren Street	Hollywood, FL 33019

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: Barry L. Faske, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/02 (954) 924-4494

Daytime Phone #

CR2E081 (8/01)