PLEASE READ ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State. DIVISION OF CORPORATIONS	FILED 04 MAY 27 PM 1: 21
DOCUMENT # P99000075434 1. Corporation Name Xander of South Florida Inc.	SECRETARY WAS FATE TALLAHASSEE, FLORIDA
	100036057701 05/11/0401050003 ***450.00
2. Principal Office Address 3. Mailing Office Address 5. Suite, Apt. #, etc.	REINSTATEMENT 01-04 v
	4. Date Incorporated or Qualified To Do Business in Florida
City & State Compano Deach FL Pompano Beach FL Zip Country Zip Country	5. FEI Number Applied For 6. 5 - 0 9 6 - 6 9 9 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
33062 USA 33062 USA 7. Name and Address of Current Register	CERTIFICATE OF STATUS DESIRED 50.73 Additional Fee required for a Certificate of Status
Name Brian Lynn CFA FA (B) BIC Street Address (P.O. Box Number is Not Acceptable) Two South Varices Lynn (So) Suite, Apt. #, Etc. City Play La Lynn FA	NortBeck 10215)2324529454 Romponilyach, 11 State Zip Code 33062 FL 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o Signature of Registered Agent REGISTERED AGENT MUST SIGN	bligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors	
PTSK-Richard Beck 2324 SC-945-	St. Pomparo Beach FL 33062
	100036057701 07/01/0401046012**150.00
3	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:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tong

XANDER OF SOUTH FLORIDA

Southeast
2324 Northeast Ninth Street
Pompano Beach, Florida 33062
FEI #65-0967699

April 9, 2004

To Whom It May Concern:

I have recently learned that my company, Xander of South Florida, has been dissolved. I came upon this news when I attempted to register my new address with the State via the Uniform

Business Report. I was under the false understanding that my accountant handled any and all annual filings and therefore failed to renew the UBR since 2002. I do not recall receiving any notice indicating the State's attempt to dissolve my company or I would have acted sooner. I now know it is my responsibility to file the UBR and will do so from now on. I am asking for the late fee and the reinstatement fee waived as I did not intentionally let my incorporation status lapse. I spoke to a representative at the Florida Department of State and they advised me that paying \$450.00 would cover activation from 2002 through 2004. I have enclosed that amount and appreciated you consideration in this matter.

Sincerely, Slech

Richard Beck