


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 12 PM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000086918

1. Corporation Name
MELISSA L. BARBER, INC.

2. Principal Office Address 4901 North Federal Highway		3. Mailing Office Address Same	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33308	Country Broward	Zip	Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 10/1/99	
5. FEI Number 65-0953074	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 Drake M. Batchelder	200026648502
Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Oals Boulevard	01/12/04--01006--013 **900.00
Suite, Apt. #, Etc. 1600	
City Ft. Lauderdale	State FL
	Zip Code 33301

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: *Drake M. Batchelder* Date: 12/22/03

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
D	Melissa L. Barber	4901 North Federal Highway	Fort Lauderdale, FL 33308

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: *Melissa L. Barber* Date: 1/7/04 Daytime Phone #: 954-491-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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