

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000108455 <small>1. Corporation Name</small>			
2. Principal Office Address 819 University Blvd <small>Suite, Apt. #, etc.</small> Unit 108 <small>City & State</small> Jupiter <small>Zip</small> 33458 <small>Country</small> Palm Bch		3. Mailing Office Address 819 University Blvd <small>Suite, Apt. #, etc.</small> Unit 108 <small>City & State</small> Jupiter <small>Zip</small> 33458 <small>Country</small> U.S.A.	

REINSTATEMENT 02-03

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07/28/03--01030--013 ***908 75

4. Date Incorporated or Qualified To Do Business in Florida 12-13-99	
5. FEI Number 65-0977256	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Barry H Craft			
Street Address (P.O. Box Number is Not Acceptable) 819 University Blvd.			
Suite, Apt. #, Etc. 108			
City Jupiter	State FL	Zip Code 33458	

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.

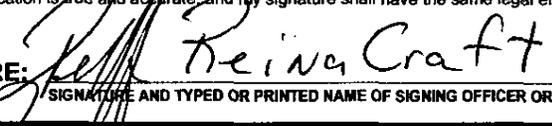
Signature of Registered Agent  Date 7-29-03

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
PS	Barry H Craft	819 University Blvd.	Jupiter Fl, 33458
VP	Reina Craft	819 University Blvd.	Jupiter Fl, 33458

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:  7/21/03 754-264-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

7/25