....

	<u>PLEASI</u>	E READ A	<u>LL INST</u>	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		-,233
FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE STATE STATE OF CORPORATIONS			2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DOCUMENT # P99000110272 1. Corporation Name						00 NOV 27 PM 1:41			
MRW MA	ANAGEMENT	, INC.							=
Principal Place of Business Mailing Address									
1020 NW 62ND ST FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309					REINSTATEMENT CO				
If above addresses are incorrect in any way, line through incorrect information and enter correct 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified			
Suite, Apt. #, et	to.		Suite, Apt. #, etc.			To Do Business in Florida 12/22/1999 5. FEI Number Applied For			= ==:
City & State			City & State			S6.0974967 Applied For Not Applied For			=::::::::::::::::::::::::::::::::::::::
Zip Country		Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names and	Street Addresses of Ea		r Director (Flor						==±. ==================================
Title(s) Name of Officers and/or Directors 2			Street Address Officer and/or 3			City / State / Zip		Zip	
D WHITTINGTON, RICHARD				1020 NW 62ND	ST	,	FT LAUDERDALE FL 33309		102
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			:			V			
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			0 (8/00)
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE FL 33311					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				CR2EGA
10. I, being app	pointed the registered a	gent of the boy	re gamed corpo	grijon am familiar wi	/ /	O 5 ROO		<u> </u>	200 200 200 200 200 200 200 200 200 200
Signature of Registered Age	ent		SISTEREDAS	ENT MAST SIGN	Mes		Date 10-19-2	7000	18.00
11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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.									##** # ##* # ##* # ##* # ##* # ##* # ##*
SIGNATUI	RE: SIGNATURE AN	O YPED OF PRIN	ED NAME OF	MING OFFICE OR C	MREDOR		10-19-2000 Date Daytime	a Phone #	

RICHARD WINTERON