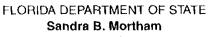
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT # 51 17 336				98 SEP 10 PM 3:50	98 SEP 10 PM 3:50	
,	NICHOLS ARCHITECT & A	SSOCIATES	SECRETARY OF STATE TALLAHASSEE, FLORIDA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2499 (SUITE	Place of Business GLADES ROAD 112 RATON, FL 33431	Mailing Addin	ess	REINSTATEMENT 01-98		
	addresses are incorrect in any way, line th incipal Office Address, If Applicable	rough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable				
Suite, Apt. #, etc. City & State		Suite, Apl. #, etc. City & State		5. FEI Number Applied For Not Applied For	lo	
Zīρ	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 6. Tor a Certificate of Status	red	
7. Names Tutle(s) 1 D	and Street Addresses of Each Officer and Name of Officers and/or Directors Parameters NICHOLS, REX	Ver Director (Flo	street Address Officer and/or (Do NOT Use Post Offi 2499 GLADES ROAL SUITE 112	ss of Each or Director City / State / 7ip ffice Box Numbers) 4		
				9-10-98		
8. Name and Address of Current Registered Agent NICHOLS, REX 2499 GLADES ROAD SUITE 112 BOCA RATON, FL 38:431			Name Street Ac Suite, Ar City oration, am familiar with and acco	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
	nis corporation owes or hangible Personal Proper	as paid the		'es No X (See other side for information on intangible tax.)		
		-		eation 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, F.S., The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

REX NICHOLS

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-98 Date

561-368-9445

Daytime Prione #