| ) PLEASE READ A  | ALL INSTRUCTIONS                               | BEFORE COMPLE   | ETING THIS FORM.  |
|--|--|---|---|
| APPLICATION FOR  | FLORIDA DEPARTMEN Sandra B. Mor Secretary of S | NT OF STATE   | FILED   |
| REINSTATEMENT  | DIVISION OF CORPOR                             | RATIONS   |   |
| DOCUMENT # Soulum  |  |   | 98 MAY -4 AM 11: 21   |
| • •  | TORS IN  | c.<br>000000  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |
| Principal Place of Business  | Mailing Address                                |   |   |
| 905 NE HAVO<br>FT LAUD FL  | 33304  |   | TATESTAN OF   |
| If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable   | ough incorrect information and enter of        |   | TATEMENT 97-98 corporated or Qualified  |
| 2. New Principal Office Address, if Applicable  905 NS 4AV  Suite, Apt. #, etc.  | 7417 WW 49 A<br>Suite, Apt. #, etc.            | To Do E   | Jusiness in Florida, 1991   |
| City & State   | Cily & State                                   | 5. FEI Nur  | page 17 Applied For Not Applicable  |
| FTLAUS FL<br>Zip<br>33304 BROWARD  | Zip 3 3 3 19 Country                           | 6.  | CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/o  |  | tions must list at least 3 directors                                | )   |
| Title(s) and/or Directors  | Off  | icer and/or Director<br>se Post Office Box Numbers)                 | City / State / Zip  |
| PRES GEORGE A. CA  |  |   | LAUSERHILL, FL 33319  |
| SIT GEORGE A. CAR  | A10 7417 NO                                    | N49PL   | LAUSERHILL, FL 33319  |
|  |  |   | 5000025208054<br>-05/12/9801087002<br>***1050.00 ***1050.00                       |
|  |  |   |   |
| 8. Name and Address of Current F   |  | Name  | nd Address of New Registered Agent  |
| GEORGE A. CARRIO<br>7/17 NW 49PL<br>LANDERHILL FL 33319  |  | Street Address (P.O. Box Nun<br>7 41 7 2 2 4<br>Suite, Apt. #, Etc. |   |
|  |  | City<br>LAUSERY   | State Zip Code FL 3 33/9  |
| 10. I being appointed the rogistered agent of the about Signature of Registered Agent  | ve named corporation, am familiar wi           | th and accept the obligations of S                                  | Date /- 2 -98   |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No  |  |   |   |
| 12. 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 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. |  |   |   |
| SIGNATURE: SIGNATURE NO TYPE OF BRID   | THE NAME OF SIGNING OFFICER OR I               | DIRECTOR  | -2-98 (954)463-7600<br>Date Daytime Phone #                                       |