

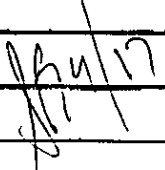



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 APR 17 AM 11:30
DOCUMENT # 596737				
1. Corporation Name 444 Corporation				
2. Principal Office Address 1800 N. E. 114 ST		3. Mailing Office Address SAME		
Suite, Apt. #, etc. 2111		Suite, Apt. #, etc.		REINSTATEMENT
City & State N. Miami		City & State		
Zip 33181	Country Dade	Zip	Country	
4. Date incorporated or Qualified To Do Business in Florida 11/26/91		5. FEI Number 65-0323269		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable		
7. Name and Address of Current Registered Agent				
Name Russell Adler				
Street Address (P.O. Box Number is Not Acceptable) 8881 N. Lake Osha Dr.				
Suite, Apt. #, Etc.				
City Plantation		State FL	Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 of 617, F.S.				
Signature of Registered Agent 		Date 4/12/01		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
TYPE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
DPT	Mel Adler	1800 N.E. 114th 2111	N. Miami / FL / 33181	
S	Rence Adler	1800 NE 114th 2111	N. Miami / FL / 33181	
				
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 718.07(4)(D), 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: 		Date 4/12/01		Daytime Phone # est 211 305-893-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

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Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

CORPORATION REINSTATEMENT

444 CORPORATION

Certificate of Status	0
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