
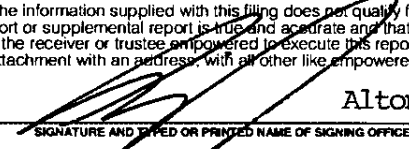


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000019750 1. Entity Name 1500 BUILDING, INC.					
Principal Place of Business 1500 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060			Mailing Address 1500 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1081066	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DATES, DANIEL 1500 E ATLANTIC BLVD SUITE B POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINN, ALTON A JR 1500 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042157021 10/25/04--01060--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OATES, DANIEL E 1500 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Alton A. Linn, Jr.		10/20/2004 954-942-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED
04 OCT 25 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192004 REIN-P CR2E098 (6/04)

*The 1500 Building, Inc.
1500 East Atlantic Blvd.
Pompano Beach, Florida 33060*

Telephone (954)942-6500

Fax (954)942-8730

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE:Document Number 01000019750

To Whom It May Concern:

Enclosed is the completed 2004 For Profit Corporation Reinstatement form and check payable to Florida Department of State.

The 2004 Annual Report was not filed on time as we did not receive a notice from the Division of Corporations and we unfortunately overlooked it. In addition, our offices as well as those of our accountant, were effected by a power outage due to this season's hurricanes.

Due to the circumstances, we request any late penalty be waived. Your consideration would be appreciated.

Sincerely,



Alton A. Linn, Jr., Esq.
President
The 1500 Building, Inc.

AAL/rb
enc.