

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700043041467
11/29/04--01054--003 **900.00

REINSTATEMENT 12-24

4. Date Incorporated or Qualified To Do Business in Florida **30 DAY OF AUGUST 2000**

5. FEI Number **651123306** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
No 4000 039 391

DOCUMENT # **P00000082859**

1. Corporation Name
IDF, INC

247 Miracle Mile
P.O.Box 520444

2. Principal Office Address
247 Miracle Mile

3. Mailing Office Address
P.O.Box 520444

Suite, Apt. #, etc.
Mezanine

City & State
CORAL GABLES - FLORIDA

City & State
MIAMI - FLORIDA

Zip **33134** Country **U.S.A.** Zip **33152** Country **U.S.A.**

7. Name and Address of Current Registered Agent

Name
RICARDO J. BISIO


Street Address (P.O. Box Number is Not Acceptable)
247 MIRACLE MILE

Suite, Apt. #, Etc.
MEZANINE

City
CORAL GABLES

State **FL** Zip Code **33134**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

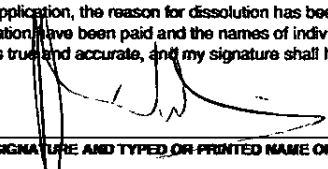
Signature of Registered Agent  Date **OCTOBER 06, 2004**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOSE C. PETKOVICH	10355 N.W. 45 LANE	DORAL-MIAMI FL 33178
V.P.	RICARDO J. BISIO	9367 FOINTAINBLUE BLVD- G-116	MIAMI - FL 33172
TRTRI	LUIS E. NIEVAS	18733 S.W. 26 TH. STREET	MIRAMAR - FL 33029

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 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:  **Ricardo J. Bisio** Date **OCT 06-2004** Daytime Phone # **305-223-3616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)