


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 NOV 27 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000033690

1. Corporation Name
Carfou-Com, Inc

2. Principal Office Address 6753 West Camelia Drive		3. Mailing Office Address Same as office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, FL		City & State	
Zip 33023	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/28/2001

5. FEI Number 65-108-8291

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Elna Paulo

Street Address (P.O. Box Number is Not Acceptable): 6753 West Camelia Drive

Suite, Apt. #, Etc.

City: Miramar

State: FL Zip Code: 33023

500009244365
11/27/02--01083--022 **150.00

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: *Elmer P. Michelle* Date: 11/21/2002

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
CEO	Elna Paulo	1108 NW 9th Ave Suite 2	Fort Lauderdale, FL 33311

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: *Elmer P. Michelle* Date: 11/21/02 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

Carfou-Com, Inc
6753 West Camelia Drive
Miramar, Fl 33023

November 22, 2002

Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

RE: Requested to Waive/Reduce Reinstatement Charges

To Whom It May Concern:

Per my conversation with one of your representative this morning, I am requesting \$750.00 fee to be reduced to \$150.00 because of non-receipt of notification for renewal in the mail; due to address change. I have enclosed the following documents towards the application for reinstatement of our corporation, which apparently had been dissolved for non-payment:

- The Reinstatement Form
- Money Order in the amount of \$150.00

Thank you and let me know if you are in need of additional information.

Sincerely,



Elna P. Michel
Chief Executive Officer

EPM:

Enclosures

6753 West Camelia Drive Miramar, Fl 33023
Phone: (954) 667-1198 ♦ Fax: (954) 667-1630