

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 APR 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073955

1. Corporation Name

DRAKKAR ENTERPRISES, INC.

Principal Place of Business

1200 ANASTASIA AVENUE
SUITE 300
CORAL GABLES FL 33134

Mailing Address

1200 ANASTASIA AVENUE
SUITE 300
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

08/19/1999

5. FEI Number

65-1000098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LAFOND, LUCIEN G	200 CRANDON BLVD SUITE 10-115 89005 OVERSEAS HIGHWAY	ISLAMORADA FL 33140 ISLAMORADA FL 33036
ST	LAFOND, BRIGITTE	200 CRANDON BLVD SUITE 10-115 89005 OVERSEAS HIGHWAY	ISLAMORADA FL 33140

100017193001

04/28/03--01069--022 **750.00

8. Name and Address of Current Registered Agent

EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE
SUITE # 410
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Steven Edelstein
REGISTERED AGENT MUST SIGN

Date 20 JANUARY 2003

11. 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:

Lucien Lafond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 2003
Date Daytime Phone #

CR2E040 (802)