


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**


DOCUMENT # 831208	
1. Entity Name SCANDIA ENTERPRISES N.V.	

Principal Place of Business CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI, FL 33131-4332	Mailing Address 9095 SW 87 AVE., #777 MIAMI, FL 33176
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2. Principal Place of Business c/o Shutts & Bowen LLP	3. Mailing Address c/o Shutts & Bowen LLP
Suite, Apt. #, etc. 201 S. Biscayne Blvd., Suite 1500 (JDB)	Suite, Apt. #, etc. 201 S. Biscayne Blvd., Suite 1500 (JDB)

City & State Miami, Florida	City & State Miami, Florida
Zip 33131	Country USA

FILED
05 OCT 13 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 59-1496834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA 15TH FLOOR MIAMI, FL 33131	
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) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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	PD YOHOROS, MOISES % 201 S BISCAYNE 16TH FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/13/05--01060--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOHOROS, DAVID M. % 201 S BISCAYNE 16TH FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVENANT MANAGERS NV 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOHOROS, RICHARD M. % 201 S BISCAYNE 16TH FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060585105 10/13/05--01060--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYAN, GAY ALEGRE Y 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Doc 10/18</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAMOU DE YOHOROS, CAMELIA 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Moises Yohoros, President** 10/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #