PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION*									
FOR									
REINSTATEMEN ^T									



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

F0000006957 **DOCUMENT #**

SIGNATURE:

PEINSTATEMENT						Glenda E. Hood Secretary of State ISION OF CORPORATIONS			FILES).	
DOCUMENT # F0000006957 1. Corporation Name							O3DEC 26 PH 1:53 SECRETARY OF STATE A TALLAHASSEE, FLORIDA				
DREASON (BVI) CO LIMITED								SECRETASSES TALLAHASSES	:, FLOW		
Principal Place of Business Mailing Add				Mailing Addr	ess				*****		ni
PO BOX 3140 ROAD TOWN TORTOLA. BRITISH VI				MAMIFL							
If above a	iddresses are incor	rect in any	way, line thro	ugh incorrect in	nformation a	nd enter o	v Z Z correction below ☐	FINST	atemen		5
N/A					3. New Mailing Office Address, If populable			To Date Incorporated or Qualified To Do Business in Florida 12/15/2000			
Suite, Apt. #, etc.				Suite, Apt. #, etc. 780 (Sw 35 # -			S"TERR	5. FEI Number	Applied For		
City & State Zip Country				City & State M. A.M				6.	\$8.75 Additional Fee required		
			000		3122	<u></u>	<u> </u>		OF STATUS DESIRED L	for a Cert	ificate of Status
Title(s)	nes and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors				Street Address of Each Officer and/or Director			st 3 directors)	City / State / Zip		
CD	WILLIAMS, COLIN V				1 DUNMORE ISLAND, OLD FORT BAY			BAY	NEW PROVIDENCE CB-12005 12769		
\$	S BRIZAN, ROSELYN F				PO BOX 3140, ROAD TOWN				TORTOLA, BRITISH VIRGIN ISLA		
									(DO NOT USE THIS ADDRESS)		
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	سرر شر معاد	Ę			, <u> </u>			٠	# 5		
8. Name and Address of Current Registered Age					ent			9. Name and Address of New Registered Agent			
GONZALEZ-WILLIAMS, MARTTZA 7801 SW 35 TER				Name Street Address (P			P.O. Box Number	is Not Acceptable)	***		
MIAMI FL 33155				Suite, Apt. #, Etc.				<u> </u>			
1				City				State Zip Code			
10. I, being	g appointed the reg	istered ag	ent of the atyou	g danted corpo	oration, am f	familiar w	ith and accept the o	oligations of Section	on 607.0505, F.S. or 61	7.0505, F.S.	
Signature of Registered Agent									Date	. , , , ,	,03
		/		GISTERED AG	ENT MUST	SIGN					
this rein	nstatement applicat	tion, the re	ason for dissol	ution has beer	elimiylated.	The corpo	orate name satisfies	the requirements	pter 607 or 617, F.S. I of section 607.0401 or der section 119.07(3)(i)	617.0401, F.S	i., that all fees

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dreason (BVI) Limited c/o 7801 SW 35th Terrace Miami Florida, 33155

Phone: 786 388 9653 Fax: 786 388 9062

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahasee FL 32314-6327

December 17 2003-12-17

Reference F 00000006957

Dear Sirs

Further to our conversation today our apologies for the failure to complete an Annual Report for 2003. Due to a mix-up on the mailing address correspondence has been going to the Company address in the Virgin Islands and disappearing into a black hole. We received neither prior UBR reminder.

We have previously requested that all correspondence be sent to the Registered Agent here in Miami. We have now changed the Company's mailing address which we understand will fix the problem. Presumably the 2004 UBR request will come to the above address in Miami?

Somewhat reluctantly we enclose our cheque for \$150 to settle the problem.

Yours sincerely

Colin Williams (Director)