

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 23 PM 4:34

APPROVED
AND
FILED

DOCUMENT # *F01000006282*

1. Corporation Name

Brendon Group, Inc.

2. Principal Office Address

6075 S. Eastern Ave., Suite 3

Suite, Apt. #, etc.

City & State

Las Vegas, Nevada

Zip

89119-3146

Country

USA

3. Mailing Office Address

6075 S. Eastern Ave., Suite 3

Suite, Apt. #, etc.

City & State

Las Vegas, Nevada

Zip

89119-3146

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified To Do Business in Florida

December 7, 2001

5. FEI Number

311567918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

8979 words and fees required for each individual of status.

7. Name and Address of Current Registered Agent

Name

Incorp Services, Inc.

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

103 North Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 December 13, 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
D	Eric P. Bachelor	6075 S. Eastern Ave., Suite 3	Las Vegas, NV 89119-3146
D	Brenda Bachelor	6075 S. Eastern Ave., Suite 3	Las Vegas, NV 89119-3146
D	Frederick R. Keith	6075 S. Eastern Ave., Suite 3	Las Vegas, NV 89119-3146

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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)(l), 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:

Eric P. Bachelor ERIC P. BACHELOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/02 954-424-1503

Date

Daytime Phone #

CR23081 (9/01)