PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F9900003318 1. Corporation Name							OI OCT 31 PM 1:36			
										FOOT
Principal Place of Business Mailing A				dress			_			
88 9 A 5 U	WRISE	PAKLAND PK (NORTH MIAM BLVD, #	MINISTRUCTURE THE STATE OF THE						
				New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite.				te, Apt. #, etc.			06/28/1999 5. FEI Number Applied For			
City & Sta	ate	City & State	City & State			65-0895448 Not Applicable				
Zip	Country		Žip	Zip		у		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
7. Name	s and Street A	ddresses of Each Officer and	d/or Director (Flo	orida nonpro	fit corpora	itions must list at le	ast 3 directors)		870	
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				-11/27/0101 4 ****150.00	051013 ****150.00	
PD	DANENBERG, NOAM				15421 WEST DIXIE HIGHWAY BAY #6			#B NORTH MIAMI BEACH FL 33162		
SD	HARPAZ, TALI			15421 WEST DIXIE HIGHWAY BAY #B			/ #B	NORTH MIAMI BEACH FL 33162		
T	BECHOR, YUVAL			13493 BISCAYNE BLVD SUITE 1605			05	NORTH MIAMI FL 33181		
IP JEFFREY I MARCUS			2645	8890 W DAKLAND PK				2 SUNRISE	, FL 3335/	
	-								10 m/m	
	8. Nan	ne and Address of Current				Name	9. Name and A	Address of New Registered Ag		
-HARP	AZ, TALI>	JEFFREY I				JEFFRE Street Address (Y I M	AREUS, CPA, is Not Acceptable)	<i>PA</i>	
MODE	LLAUANIL DC	HIGHWAY BAY #19 &				8890 U Suite, Apt. #, Etc	L. PAKLA	ND PK BLUD	CRZEO	
WOM!		HOTT PE 193 1922	SUNRIS	GLVD # E FI :	37261	202		State	Zip Code	
						CitySUNRI		3335/ FL	3335/	
Signature Registered	of (e registered agent of the ab	MULU EGISTERED AG)	(a.C	th and accept the ol	bligations of Sections	on 607.0505, F.S. Date	/0/	
owed b	nstatement ap by the corporat	plication, the reason for diss	olution has been names of individ	eliminated, t uals listed or	the corpor this form	rate name satisfies	the requirements	pter 607 or 617, F.S. I further co of section 607.0401 or 617.040 fer section 119.07(3)(i), F.S. Th	1 ES that all fone	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/0/29/01 (954)
Date Davine Phone #

JEFFREY I. MARCUS, C. P. A., P. A. 4300 NORTH UNIVERSITY DRIVE SUITE D-206 LAUDERHILL, FLORIDA 33351

OFFICE (954) 747-0700

FAX (954) 747-7005

October 29, 2001

Taxpayer: Foot-o-graph Delaware, Inc. EIN: 65-0895448

Gentlemen:

I am the accountant for the above named taxpayer and have been instructed by them to write this letter in response to your Notice of Administrative Dissolution. Please note that the notice was mailed 10/15/01 and just forwarded to me. I am now being forwarded the mail for this corporation as the registered agent effective 12/15/00.

The original annual report was sent to the Company's Miami address in January and the mail was lost and not forwarded to me. Once the notice of dissolution was received by me, I called the state of Florida and they suggested that I complete the annual report with me listed as the registered agent.

I am also enclosing my check in the amount of \$ 150.00 in payment of the annual report. Please accept this check and reinstate the corporation. The late payment was due to the change of address and the mail not being forwarded to me. Please also note the effective 11/1/01, my new address is the following:

Jeffrey I Marcus, CPA, PA 8890 West Oakland Park Blvd. Suite # 200 Sunrise, FL 33351

Thank you for your consideration to this request.