PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 DEC -4 AM 9: 57
DOCUMENT # L 68765 1. Corporation Name SHABBYD HOLDINGS INC		SECRETARY OF STATE TALLAHASSEE, FLORIDA
211110072 17 00	_	TATEMENT 00-03
2. Principal Office Address 4700 SheriDAN STREET SUITE S Suite, Apt. #, etc.	3. Mailing Office Address	600025219246 12/04/0301013031 ***8.75 3/7/07 8/073 008 1200,00
Suite S Çtıy & State	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida
Hollyword FX. Zip Country 33021 USA	Zip Country	6. OI 92872 Not Applicable 6. CERTIFICATE OF STATUS DESIRED
7. Name and Address of Current Registered Agent HERBERT L. HIRSCHBERG CA Street Address (P.O. Box Number is Not Acceptable) 4700 Shcr. Daw STrecT Suite, Apt. #, Etc. City Hollywood State Zip Code FL 3307/		
8. I, being appointed the registered agent of the above name corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pate 17/01/03 REGISTERED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at lea	st 3 directors)
Titles Name of Officers and/or Directors	4 /- +100 //-	City / State / Zip WEST TORONTO ONTARIO MGA 3BGV
VP TIBOR DOWATH	Suite 209	MGA 3BGV
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # # 225		