

| PLEASE REAL | ALL INSTRUCTIONS BEFORE C | OWPLETING THIS FORM. |
|--|---|--|
| CORPORATION REINSTATEMENT | CORIDA DEPARAMENT OF STATE Kalheri les serri. Seure al y objecte DIVISION OF ERPORATIONS | FILED 01 APR 16 AM 11:20 |
| DOCUMENT # M23476 1. Corporation Name Luny Davy Control 1:000 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 1946 NW54#/tv Margate, F | enue L. 33063 | |
| 1946 N.S.4 th Avenu | e Same | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 1-2-86 |
| Margate, FL. | 3., 4.54.15 | 5. FEI Number Applied For S9-2623777 Not Applicable |
| 33063 Country U.S. | Zip Country | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Name Don Roser Street Address (RD, Bbx Number is 1946 Suite, Apt. #, Etc. | - | 20004065542 -3 -04/25/0101007-027 *****450.00 *****450.00 |
| "Margate 1 | | FL Zip Code 33063 |
| 8. I, being appointed the registered agent of the attive lamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date BEGISTERED AGENT MUST SIGN | | |
| 9. Names and Street Addresses of Each Officer a | and/or Director (Florida nonprofit corporations must list at lea | ast 3 directors) |
| Titles Name of Officers and/or Directo | Street Address of Each rs Officer and/or Director | City / State / Zip |
| Pres Don Rosen | that 1946 54 A | renue Margate, FL.33063 |
| | | LS |
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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)(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: SI | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | |



03/16/2001

Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

LuvyDuvy Corporation

-59-2622777

Gentlemen:

Be advised that I have never received the Uniform Business Report (UBR) for the company referenced above. I did move and this could have caused the problem.

Please note:

Old Address - 5901 N.E. 14th Avenue, #46

Ft. Lauderdale, FL 33334

New Address - -- 1946 N.W. 54th Avenue

-- Margate, FL 33063

I request that you waive any penalties that might be involved with this issue and accept the enclosed \$300 check (\$150 per year -(1999 and 2000).

Thank you for your consideration to my request.

Sincerely,

**CORPORATION

Don Rosenthal 954-977-0789

don@luvyduvy.com