

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

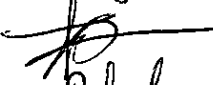
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000001946		01 OCT 19 AM 10:44	
1. Corporation Name DE WHOOPS MASSIVE CARIBBEAN CULTURE ASSOCIATION INC.		03-16-01 70018 003 \$70.00	
Principal Place of Business 1539 DEMING DR. ORLANDO FL 32825		Mailing Address 1539 DEMING DR. ORLANDO FL 32825	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		4. Date Incorporated or Qualified To Do Business in Florida 03/20/2000	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. FEI Number EIN 593638952		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BHOLAI, DERECK	1539 DEMING DR.	ORLANDO FL 32825
V	BHOLAI, OMA Dir.	1539 DEMING DR.	ORLANDO FL 32825
S	BHOLAI, ZEP LAWRENCE Dir.	8351 ACOMA DRIVE	ORLANDO FL 32829
T	BHOLAI, ERIC Dir.	8351 ACOMA DRIVE	ORLANDO FL 32829
8. Name and Address of Current Registered Agent BHOLAI, DERECK 1539 DEMING DR. ORLANDO FL 32825		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN		Date 10/16/01	
11. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		407 10/16/01 381-5241 Daytime Phone #	

CR2ED40 (8/01)

10/16/01

Dear Madam/Sir:

Enclosed you will find out reinstatement application. This is the only application I had sent to me since March 2001. I had send that application with the 70.00 that applied. I then got a notice that I did not send the application in, so I called and the person verified they did have the payment and application on file and they didn't know why I got the notice, but that they will have someone call me. No one has call nor have I received any other notice till this notice of revocation. I called 10/15/01 and was told to send this letter and application completed to you.

Sincerely

Bholu Jarenu