PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations				
DIVISION			ORPORATIONS	06 00T 19 5W 2: N2
DOCUMENT # NO 200003224 1. Corporation Narrie 3-D CULTURAL, CHARM PROGRAM & DRILL TEAM, INC.				
		3. Mailing Office Address 1809 E ALABAMA		REMAINIEN 01
Suite, Apt. #, etc. So		Suite, Apt. #, etc.		4. Date Incorporated or Qualified
City & State PLANT CITY, FLorida		City & State PLANT CITY, FLorida		To Do Business in Florida 5. FEI Number Applied For 13-4245917 INCLADMICATION
Zip 33563	Country USA	Zip 33563-6205	Country	6. CERTIFICATE OF STATUS DESIRED 1 \$2.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
	Name LEE, RUDYNE P			
	Street Address (P.O. Box Number is Not Acceptable) 1809 E. ALABAMA ST			200031025742 10/19/0601037002 **61.25
	Suite, Apt. #, Etc.			
	City PLANT CITY			State Zip Code FL 33563-6205
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 Date Date				
Signature of Registered Agent				Date 10-13-06
THEORY INCOME THE PROPERTY OF				
9. Names Titles	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must Name of Street Address		ofit corporations must list at le Street Address of Each	
1405	Officers and/or Directors		Officer and/or Director	City / State / Zip
P	Rudyne P. Lee		E. Alabama Street	Plant City, Florida 33563
VP	Deshawn Pinkston	1314 E	E. Renfro Street	Plant City, Florida 33566
S	Amy Lee	13 E. I	emon Street	Plant City, Florida 33566
τ	Brenda Gayle		Smith Ryals Road	Plant City, Florida 33567
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: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

20f2

3-D Cultural Charm Program & Drill Team, Inc. 1809 E Alabama Street Plant Cty, Florida-33563

To Whom It May Concern:

Please find enclosed the annual report for this year. There seem to be a continuous misunderstanding in forms of which I have not received since 2003. I received a Notice in the mail Wednesday, October 11th of cancellation, but I never received Any notification of which I should have been informed of for the organization.

I am asking your consideration of excepting the fee of \$61.00 because of some Miscommunication. If at all possible, a form need to be sent annually so that I Want have to assume that what I am sending is correct. My mission is to help Our youth in the community build self esteem, as well as to exceed with a bright Future. Too often there are times when I have to pay from my pocket because of The condition of financial needs in varied homes.

Your understanding to waive any additional fees or late charges would be appreciative

Sincerely, Rudyne Lee

P.S. check is footbated for 11-25th. hecause of my social security date-