


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32161			
1. Corporation Name THEOFORES, INC			
2. Principal Office Address 709 NW 2nd Ave Suite, Apt. #, etc. Ft. Lauderdale City & State FL Zip 33311 Country US		3. Mailing Office Address P.O. BOX 1090 Suite, Apt. #, etc. Fort Lauderdale City & State FL Zip 33302 Country US	

FILED

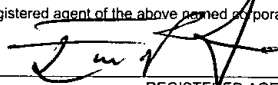
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

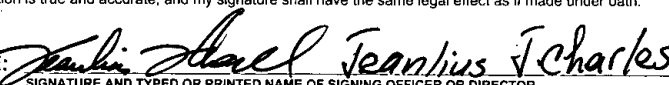
REINSTATEMENT 93-01

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1105344	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ENOCK P. Louis	
Street Address (P.O. Box Numbers Not Acceptable) 1173 ALABAMA AVE	
Suite, Apt. #, Etc. Fort. LAUDERDALE	
City Fort. LAUDERDALE	State FL Zip Code 33312

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 05/07/01
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEANLIUS J. CHARLES	3415 NW 43 St	LAUD. LAKES FL 33309
V	MAXI ST-AMOUR	2111 NW 55 AVE	LAuderhill FL 33313
S	JEAN C. Fils-Aimé	161 NW 38 St	Ft. Laud. FL 33309
T	Duck St. Amour	5820 NW 18th Ct	Sunrise FL 33313
T	Solange J. Pierre	4621 NW 74 AVE	LAuderhill FL 33319
T	JOSE ONE	9208 SW 2nd St	BOCA RATON FL 33428

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: 	Date: 05/07/01 Daytime Phone #: (954) 632-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	