PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILE() 05 AUG 17 H: 03
DOCUMENT # N9800001135 1. Corporation Name		SECHET CONTRACTOR
Raford And Phelp F	amily Reunian, Inc.	2003-2005 Ri
2. Principal Office Address 5301 Wiley Street Suite, Apt. #, etc.	3. Mailing Office Address 5801 Wiley Street Suite, Apt. #, etc.	2003-2005 Ri 9/17/03 90021 026-\$61-28
City & State	City & State	To Do Business in Florida
Hollywood, FL	Hollywood, FL	5. FEI Number 8 8 305 Applied For Not Applicable
33091 Country	Zip Country Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name PAFORD, Clorance 7 SR Street Address (P.Q. Box Number is Not Acceptable) Sol W. Let Street Suite, Apt. #, Etc.		
Hollywood		State Zip Code FL 33031
8. I, being appointed the registered agent of the above damed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date		
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	
VP Bussey, Micha	10 6911 S.W. 1012 C	t. NorthLaud. FL 33868
S Moore Annie Lee 2710 S.W. 54th Ave. Hollywood FL 33023		
T Royford, Annie Bell 1140 Sultan Ave Opp Locka FL 33064		
AS ROSS CALLU	27105.W.544	Ave. Hollywood FL33023
ST Raford, Alth	ena 5201 Wiley St	reet Hollywood FL33021
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: MICHAEL BUSS 8-5-05 -954 956-9182 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Raford And Phelp Family Reunion, Inc 5201 Wiley Street Hollywood, Florida 33021 Bridge the Gap

Dear Sir,

I am asking that the reinstatement fee be waived due to the fact reinstatement paper work was not received.

Enclosed is a check for \$122.50.

Sincerely,

Clarance J.Raford Sr.