


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006873			
1. Corporation Name Huggle, Inc.			
2. Principal Office Address 145 NW 206 Terr, Miami, FL		3. Mailing Office Address 145 NW 206 Terr, Miami, FL 33169	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Miami, FL		City & State Miami, FL	
Zip 33169	Country USA	Zip 33169	Country USA


FILED

04 APR 13 AM 9:57


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04	
4. Date Incorporated or Qualified To Do Business in Florida 12-01-98	
5. FEI Number 31-1633680	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 Tonia Barbary, RN		
Street Address (P.O. Box Number is Not Acceptable) 145 NW 206 Terr.		
Suite, Apt. #, Etc. N/A		
City Miami		
State FL	Zip Code 33169	

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 04/07/04
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
Vice Pres.	Bishop Irving K. Barbary	145 NW 206 Terr.	Miami, FL, 33169
Tres.	Emmanuel Kwaku BS, MA	20630 NW 1st Court	Miami, FL 33169
Sec.	Juanita Harris	145 NW 206 Terr.	Miami, FL 33169
Member	Shalanda Delisfort	16400 NE 17th Ave, Apt 402, N. Miami Bch.	33162

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: 		04/07/04	305-651-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

HUGGLE INC

HUG, HUG, HUGGLES

C/O Tonia Barbary, RN

145 N.W. 206 Terr.

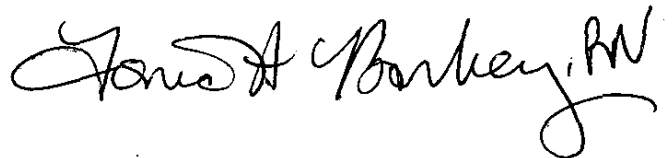
Miami, FL 33169

April 7, 2004

To: Florida's Secretary of State

I, Tonia Barbary, filed online with my home computer in 2002 and apparently was unsuccessful. I am now reinstating, Huggle, Inc. The reinstatement form is enclosed with payment. I appreciate your cooperation in this matter.

Thank you,

A handwritten signature in black ink that reads "Tonia Barbary, RN". The signature is fluid and cursive, with the initials "RN" clearly visible at the end.

Tonia Barbary, RN