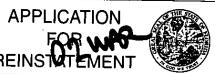
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	P0	0()()	0	Ò.	13	5	8(6

1. Corporation Name

YADDA YADDA, INC.

Principal Place of Business

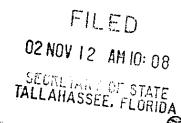
Mailing Address

85 COREY CIRCLE

ST. PETERSBURG FL 33706

85 COREY CIRCLE

ST. PETERSBURG FL 33706





If above	addresses are incorrect in any wa	v line through incorract i	information and alt-		~ ~ ~ -					
If above addresses are incorrect in any way, line through incorrect informati 2. New Principal Office Address, If Applicable 3. New Mailing Office 3. New Mailing Office 3. New Mailing Office 3. New Api, # etc. Suite, Apt. # etc.				If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 02/08/2000					
City & Stat	FPORT FI	City & State	- PORF F	· <u>C</u>	5. FEI Number	59-3623097	Applied For Not Applicable			
337		Zip 337	Coun	<i>'</i>		OF STATUS DESIRED \$8.75	Additional Fee required a Certificate of Status			
7. Names	and Street Addresses of Each Off	icer and/or Director (Flo	rida nonprofit corpo	rations must list at leas	st 3 directors)					
Title(s)	Name of Off and/or Direct	Street Address of Each Officer and/or Director			City / State / Zip					
-PSTD	MILLER, LINDA 6	-2926 COFFEE POT BLVD., NE			ST. PETERSBURG FL 33794					
ρ	Suidershas,	Eagene	2625 Q G4188	uincy sta	5 371/-3743	GULFBORT	FL33711			
VP	Suiderskas,	DEBBIL	2615 4	incrucy st	٠.۶	GULFBORT GULFRORT	FL3898			
-					20 11/19/	0 0090 8358 0201069001 *	32 *8.75			
				$$ \emptyset	2 60/4	\				
8. Name and Address of Current Registered Agent										
85 COI	REY CIRCLE TERSBURG-BEACH FL 33706			9. Name and Address of New Registered Agent Name DEBSA SUITARSHAS Street Address (P.O. Box Number is Not Acceptable) 2625 QLINCY ST - S. Suite, Apt. #, Etc. City City City City City State State FL State S						
0. I, being	appointed the registered agent of	the above named corpor	ation, am familiar wi	th and accept the oblig	gations of Section	607.0505, F.S. or 617.0505, F	.s.			

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 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 of

Registered Agen

REGISTERED AGENT MUST SIGN

Suiderskas

Date 1/-9-02

To Whom It May Concern:

My Husbard and I (Eugene and Debra

Sviders Kas) Recently took over Yadda Yadda

Inc. We have never received any documents
to file for this corporation. We are sending
in this form with the changes that need to We are also sending a ck for \$8.75. Please

send us a new certificate of status.

Thank You Debbie Suiderskas Deble Sirderskas