

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000050521

1. Corporation Name

BODET INVESTMENT GROUP, INC.

2. Principal Office Address

9855 ROYAL CARDIGAN WAY SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

SAME

Zip

33414

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

65-1021524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCUS G. BODET

400046084994

Street Address (P.O. Box Number is Not Acceptable)

10284 SW 24 STREET

02/07/05--01029--019 **600.00

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/02/05

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
PRES	GAYLORD BODET	9855 ROYAL CARDIGAN WAY	WEST PALM BEACH, FL 33414
D	MARCUS BODET	10284 SW 24 STREET	MIRAMAR, FL 33025
D	PAUL BODET	46 HOWE RIDGE ROAD	NORTH ANDOVER, MA 01855

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] MARCUS BODET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/05 954-817-4097
Date Daytime Phone #

CR2E081 (01/05)



KEVIN R. JONES
MARCUS G. BODET
DOUGLAS A. HARRISON

LAW OFFICES
JONES, BODET & HARRISON LLC

PHONE (305) 357-0297
FAX (305) 357-0564

January 12, 2005

Via Federal Express Overnight

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bodet Investment Group, Inc. (Doc No. P00000050521)

To Whom It May Concern:

Please find enclosed an Application for reinstatement as well as Check Number 1014 to cover the costs of reinstating the above company. This represents the annual fees for 2002, 2003, 2004 and 2005 (\$150 x 4). The company did not receive the annual report notices and therefore the annual reports were not filed for those years were and the company was administratively dissolved. Accordingly we are requesting that the additional reinstatement fee be waived and the Company be reinstated.

Thank you, in advance, for your attention to this matter. Should you have any other concerns regarding this application, please do not hesitate to contact my office.

Sincerely,

JONES, BODET & HARRISON LLC



Marcus G. Bodet, Esq.

Encls: Application for Reinstatement
Check for \$600

CC: Gaylord Bodet
Paul Bodet