

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
OF CORPORATION
04 MAY -5 AM 10:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000115800

1. Corporation Name

Fides Enterprises Inc.

REINSTATEMENT 03-04

2. Principal Office Address

4555 Citrus Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1861 N Federal Hwy

Suite, Apt. #, etc.

160

City & State

Cocoa

City & State

Hollywood

Zip

32926

Country

US

Zip

33020

Country

US

300032275323
04/09/04--01056--011 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 12/19/2000

5. FEI Number
651063065

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

Belinda Rowe

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

4555 Citrus Blvd.

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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]

Date

4/27/04

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
P	Udo Weidauer	4555 Citrus Blvd	Cocoa, FL 32926

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2004

Date

954 929 3744

Daytime Phone #

CR2E001 (01/04)

FIDES-ENTERPRISES INC.

April 5, 2004

Department of State
Division of Corporations
Attn.: Ms. Anna Chestnut
409 East Gaines St.
Tallahassee, FL 32314

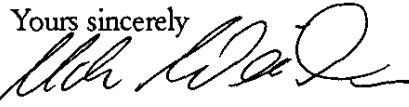
Dear Ms. Chestnut,

In reference to our telephone conversation today, attached please find our form for reinstatement. As I explained, we moved our company in 2002 to the new address in Cocoa and forgot to change the address with you. Therefore, we respectfully request that you waive the \$600.00 reinstatement fee. If you are able to waive the fee, a confirming email or letter would be greatly appreciated. Please see the contact information below.

Also attached you will find a check for the amount of \$300.00, which is the annual registration fees for the year 2003 and the current year 2004.

I appreciate your understanding and assistance in this matter.

Yours sincerely



Udo Weidauer
President
Fides Enterprises, Inc.
1861 N Federal Hwy. PMB 160
Hollywood, FL 33020
info@fides-enterprises.com

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HOLLYWOOD, FL 33020
USA
PH: (954) 929 3744
EMAIL: INFO@FIDES-ENTERPRISES.COM