PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COF	RPORA	TION MENTS	Ji Secre	PARTMENT OF ST im Smith etary of State of CORPORATIONS	IATE		02 NO	FILED IV 21 AN II: 42 TARY OF STATE		
DOCUMENT # 0100005948						, . 	ALLAH	TARY OF STATE ASSEE, FLORIDA		
Don't Get Mad Get Even, Inc.						000009147880 11/21/0201049004 **150.00				
2. Principal Office Address 8004 NW 154 Street Suite, Apt. #, etc.			3. Mailing Office Address 8004 NW 154 Street							
Suite 376			Suite 316			4. Date Incorporated or Qualified To Do Business in Florida 1/17/01				
City & State	Miami Lakes, Florida		Miamila Kes, Florida		 -	5. FEI Number Applied For Not Applicable				
²³ 33	016	Country	33016	Country		G. CERTIFICATE	OF STATU	S DESIRED S8.75 Additional For a Certificate of		
7. Name and Address of Current Registered Agent										
1.	Street Address (P.O. Box Number is Not Acceptable)									
¢.										
\$104 NW 194 31(86)										
	Suite 376						State	Zip Code		
	Miami Lakes					FL 33016				
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 Mobert Henderson Sr. Date 11/11/02										
REGISTERED AGENT MUST SIGN										
9. Names	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Name of Street Address of B Officers and/or Directors Officer and/or Directors Officer Address of B Officer and/or Directors					al u a		City / State / Zip		
1	Robert Henderson, Jr. 8004 NW 1844 Street #376 Miami Lakes, FL. 33016									
VP -	Societion Ali 8004 NW 1544 Str					t#32				
V 1		1199917127711		Mignii Lakes, f	-L. 22	016				
	UAUSN .									
)				
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: SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER ORIDIRECTOR Date Daytime Phone #										

pageror 11/11/02 Dear Sirs: Please note that our offices never received document to update the corporation Don't Get Mad Get Eventle" Please accept This document as wed like to reinstate