PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 13 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040667

1. Corporation Name
BIDUE CORP.

2. Principal Office Address	3. Mailing Office Address
10302 NW South River Dr	Same as Above.
Suite, Apt. #, etc.: Bay #6.	Suite, Apt. #, etc.: Same as above.
City & State: Medley, FL.	City & State: Same as above.
Zip: 33178 Country: USA	Zip: same as above Country:

REINSTATEMENT 07

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 04/23/01.

5. FEI Number: 651097900. ☐ 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: Nicola Patruno.

Street Address (P.O. Box Number is Not Acceptable): 1883 Silver Bell Terrace.

Suite, Apt. #, Etc.:

City: Weston | State: FL | Zip Code: 33327.

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: 07/02/07.

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
PSD	Patruno, Nicola A	1883 Silver Bell terrace	Weston, FL 33327.
TD	Patruno, Nicola P.	1883 Silver Bell terrace	Weston, FL. 33327.

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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 contained in Chapter 119, 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

07/02/07 Date

954-6081487 Daytime Phone #

Received JUL 13 2007