

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 102

 CORPORATION		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000058308			
1. Corporation Name JORDI, INC.			
2. Principal Office Address 1031 YVES DAIRY RD. Suite, Apt. #, etc. STE: 228		3. Mailing Office Address 1031 YVES DAIRY RD. Suite, Apt. #, etc. STE: 228	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33179	Country	Zip 33179	Country

FILED

02 OCT 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

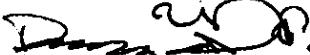
05/28/02 91756 037 15x0

4. Date Incorporated or Qualified To Do Business in Florida 6-12-2001	
5. FEI Number 65-1135700	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DORKYS G. DE BENET			
Street Address (P.O. Box Number is Not Acceptable) 1031 YVES DAIRY RD.			
Suite, Apt. #, Etc. STE: 228			
City MIAMI		State FL	Zip Code 33179

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



Date **10-22-02**

CR2081 (9/01)

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/D	DORKYS G. DE BENET	1031 YVES DAIRY RD., STE: 228	MIAMI, FL 33179

02 4812 18

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

Page 2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO STATE THAT I SENT YOU THE 2002 UBR FORM ALONG WITH A CHECK BUT NEVER HEARD ANYTHING FROM YOUR OFFICE REGARDING THE MISHAVE OF THE REGISTERED AGENT I AM ENCLOSING THE FORM YOU HAVE REQUESTED ALONG WITH A COPY OF THE CANCELLED CHECK.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


DORKYS G. DE BENET
PRESIDENT