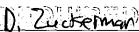
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ELODIDA DEDARTMENT DE STATE

	FOR STATEMENT		Glenda E Secretary	of State		FILED 03 OCT 21 AM 9	: 2 <b>7</b>	
DOCUMENT # P0100080132  1. Corporation Name					TALLAHASSEE, FLORIDA			
SHADE	ES OF DISTINCTION, I	NC.			,		<b>ब्रह्म</b>	
222 Lazy Tampa Fl	33614	Mailing Add 9222 LAZY L TAMPA FL 3	ANE 3614		RESEVO		03	
If above addresses are incorrect in any way, line through incorrect informs.  New Principal Office Address, If Applicable  3. New Mailing 6  Suite, Apt. #, etc.  Suite, Apt. #, etc.				g Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  08/14/2001		
City & Stat			City & State		FO 272000E		Applied For Not Applicable	
Zip -	Country	Zip	- 0	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
/ Names and Street Addresses of Each Officer and/or Director (Florida nonpro  Name of Officers and/or Directors  3				prorations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip		
D	ZUCKERMAN, JON D 9222 LAZ			LY LANE		TAMPA FL 33614		
D	ZUCKERMAN, CHRIS H		9222 LAZY LANE			TAMPA FL 33614		
	,				10/21/ <b>90</b> 10/21/	0301127001 0023983 <del>0301127001</del>	**750.00 129 **750.00	
		David And A			Q. None and	Mister	nd Asont	
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent Name			
ZUCKERMAN, JON 9222 LAZY LANE TAMPA FL 33614				Street Address (	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
		<del>-</del> -		City	<del></del>	F		
0. I, being Gignature c Registered	g appointed the registered agent of the of Agent	above named corp			obligations of Secti	on 607.0505, F.S. or 617.0		

11. 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



President 10-16-03

Date Daytime Phone # 813 9300555

## Shades of Distinction

October 15, 2003

To Whom It May Concern:

Last week I received a Notice of Administrative Dissolution of my cooperation. Until this notice, I had not been made aware that we had not renewed *our license*.

I would like to request that the Florida Department of State abate the \$600.00 reinstatement fee. I would like to resolve this matter as promptly as possible, and did attempt to contact you by phone. I was unable to get through, but would still like to explain my situation. One employee, responsible for the administration for the last 18 months, allowed numerous mistakes with many other key tax forms. In retrospect, many of these documents were most likely thrown away due to inattentiveness on their part. This employee, along with another employee related in the matter, has since been fired. I understand the gravity of this situation and would like to apologize for this. My primary goal is to fully resolve this matter, as I am ultimately responsible for it.

I would also like to mention that in the past we have always paid our fee on time. Because of this I am asking you to abate the reinstatement fee. Thank you for considering our request.

Enclosed is a check for \$750.00 (\$150.00 the annual fee & \$600.00 the reinstatement fee).

Sincerely,

Jon D. Zuckerman

President