


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO1000117587</u>			
1. Corporation Name Cheetah Holdings, Inc.			
2. Principal Office Address 1000 N. Tamiami Trail Suite, Apt. #, etc. 201 City & State Naples, Florida Zip 34102 Country U.S.A.		3. Mailing Office Address 1235 Dawson Drive Suite, Apt. #, etc. City & State Chula Vista, California Zip 91911 Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida January 1, 2002		5. FEI Number 65-1158964 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Douglas A. Wood, Esq. Street Address (P.O. Box Number is Not Acceptable) 1000 N. Tamiami Trail Suite, Apt. #, Etc. 201 City Naples State FL Zip Code 34102			
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 <u>[Signature]</u> Date <u>May 05, 2005</u> 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
D	Paul A. Beaver	1235 Dawson Drive	Chula Vista, California 91911
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: <u>Paul A. Beaver</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>May 04, 2005</u> Daytime Phone # <u>888-388-7066</u>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 05-05

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