

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 18 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000001981

1. Corporation Name
MODE, INC

2. Principal Office Address
19003 COUR ESTATES
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 272050
Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Tampa, FL

Zip
33558

Country
USA

Zip
33688

Country
USA

4. Date incorporated or Qualified To Do Business in Florida
1-07-2002

5. FEI Number
593726224

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
RICHARD A. SCHLOSSER

Street Address (P.O. Box Number is Not Acceptable)
500 E. KENNEDY BLVD SUITE 200

Suite, Apt. #, Etc.
SUITE 200

City
TAMPA

State
FL

Zip Code
33602

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
1-20-04

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	VICKIE T. GENTRY	19003 COUR ESTATES	LUTZ, FL 33558
			600027523626 02/19/04--01034--012 **150.00
			600027523626 01/23/04--01059--017 **750.75

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: Vickie T. Gentry VICKIE T. GENTRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1-20-04

Daytime Phone #
813-293-5500

\$758.25

CR2E091 (10/02)