PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
	RPORATION STATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILE 06 MAR -2	AM 9: 47	
DOCUMENT # P02000019351 1. Corporation Name					400067938364 03/16/0601003005 **150.00		
Don Polo Enterprises, Inc.				03/18	5/060100300	5 **15U.UU	
, , , , , , , , , , , , , , , , , , ,				400067935364 03/16/0601003004 **450.00			
2. Principal Office Address 38.37 Northdale Blvd 38.3			7 Northdale Blvd		STATES 1 (12/05) V 63-06		
Suite, Apt. s	#, etc.	Suite, Apt. #	Sulte, Aprl. #, etc.		4. Date Incorporated or Qualified 5/01/2002 To Do Business in Florids 05/01/2002		
City & State Tam	pa, FL	amp	ampa, FL		610219	Applied For	
² 3362	24 US	3362	4 0°5°	6.	OS PTATUS DECIDED S	75 Additional Registrating: for a Centric No. of Status	
Suite, Apt. #, Etc. State 33624 8. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent							
REGISTERED AGENT MUST SIGN 9- Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titlepa	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Р	G. Donald Jasmin		3837 Northdale Blvd		Tampa, FL 33624		
			13/3				
10. I certify that I am an officer or director or the receiver or trustae 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 feest owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true anti-accurate, and my signature shall have the same legal effect as if made under cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date							

BSK Financial Services, Inc.

Certified General Accountant's, Inc.

13014 N. Dale Mabry Hwy Suite #266 Tampa, FL 33618 (813) 758-2279 • (813) 969-1958 Fax

CAF # 6506-1618R

February 20, 2006

To Whom it May Concern:

RE: Don Polo Enterprises, Inc.

Dear Sir or Madan

We are applying no Re-Instatement of the above named Corporation to the Florida Dept of State.

Since being in business since 2002 our client was unaware of his requirements to file a corporate annual report. He has never received notification from the State of Florida of this requirement and have never received any renewal notice.

Based on the instructions for reinstatement, we are attaching a check in the amount of \$450.00 which would cover the three years that they have not paid the annual fees. This will bring our client current and they are fully aware of their requirement to file the return prior to April 30, 2006 for the current year.

Please reinstate my clients company as soon as possible.

If you have any questions, please do not hesitate to contact me at (813) 758-2279

Sincerely,

Bernard R. Skerkowski