


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

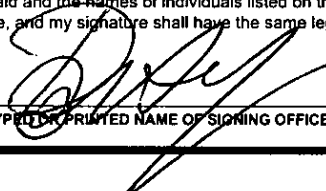
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P02000025856</b>			
<b>1. Corporation Name</b> NEO MODA, INC.			
<b>2. Principal Office Address</b> 925 LINCOLN ROAD Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 925 LINCOLN ROAD Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI BEACH, FLORIDA		<b>City &amp; State</b> MIAMI BEACH, FLORIDA	
<b>Zip</b> 33139	<b>Country</b> USA	<b>Zip</b> 33139	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	03/07/2002
<b>5. FEI Number</b>	03-0400603
<b>6. CERTIFICATE OF STATUS DESIRED</b>	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

<b>7. Name and Address of Current Registered Agent</b>	
Name PATRICK R. MOYAL	
Street Address (P.O. Box Number is Not Acceptable) 208 N. UNIVERSITY DRIVE	
Suite, Apt. #, Etc.	
City PEMBROKE PINES	State FL
Zip Code 33024	

<b>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.</b>	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D	ALAIN BENSOUSSAN	5252 LAGORCE DRIVE	MIAMI BEACH, FL 33140

<b>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.</b>	
<b>SIGNATURE:</b>	<b>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>
	10/14/03 305 672-3800
	Date Daytime Phone #

CR2E081 (10/02)

21 10/14

**MOYAL ACCOUNTING SERVICE  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33027  
(954) 430-3930 PH  
(954) 430-3939 FAX**

October 13, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

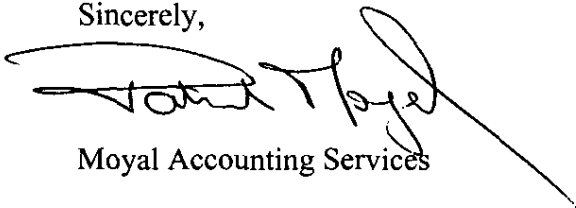
**Re: Annual Report for NEO MODA, INC.  
Document# P02000025856**

Dear Sir or Madam:

Enclosed please find a check for the annual fee for NEO MODA, INC. for 2003. Mr. Bensoussan is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because the business was sold and moved to another location.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,



Moyal Accounting Services