

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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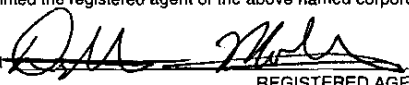
04/12/04--01081--001 **300.00

REINSTATEMENT 03-09


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000076366			
1. Corporation Name THE FODEE CORPORATION			
2. Principal Office Address 8910 MIRAMAR PARKWAY Suite, Apt. #, etc. 112 City & State MIRAMAR FL Zip 33025 Country BROWARD		3. Mailing Office Address 3390 NW 176 ST Suite, Apt. #, etc. City & State MIAMI FL Zip 33054 Country MIAMI-DADE	

4. Date Incorporated or Qualified To Do Business in Florida 07/15/2002	
5. FEI Number 27-0021482	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DWIGHT MOBLEY	
Street Address (P.O. Box Number is Not Acceptable) 3390 NW 176 ST	
Suite, Apt. #, Etc.	
City MIAMI	State FL Zip Code 33054

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 	Date <u>4/5/2004</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
P/S	DWIGHT MOBLEY	3390 NW 176 ST	MIAMI FL 33054

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: 	4/5/2004 (786) 286-0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (07/04)

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THE FODEE CORPORATION

8910 MIRAMAR PARKWAY, SUITE 112

MIRAMAR, FLORIDA 33025

(954) 435-9080

April 5, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

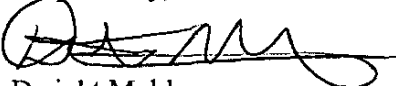
REF: THE FODEE CORPORATION (P02000076366)

To Whom It May Concern:

Enclosed is our application to reinstate the above referenced corporation. We are requesting that the reinstatement fee be waived. Due to our company's relocation we did not receive the Annual Report notices.

We have enclosed a check for \$300.00, the corporation was dissolved in 2003.

Respectfully,



Dwight Mobley,
President

Enclosures