

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1 of 2

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P02000082563</b>			
<b>1. Corporation Name</b> <i>Why Not Ventures, Inc.</i>			

<b>2. Principal Office Address</b> <i>5151 Collins Ave</i> <small>Suite, Apt. #, etc.</small> <i>435</i>		<b>3. Mailing Office Address</b> <i>1717 N. Bayshore Dr.</i> <small>Suite, Apt. #, etc.</small> <i>3940</i>	
<small>City &amp; State</small> <i>Miami Beach, FL</i>		<small>City &amp; State</small> <i>Miami, FL</i>	
<small>Zip</small> <i>33140</i>	<small>Country</small> <i>USA</i>	<small>Zip</small> <i>33132</i>	<small>Country</small> <i>USA</i>

600023798696  
10/14/03--01071--002 \*\*150.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>07/31/2002</i>	
<b>5. FEI Number</b> <i>161618776</i>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> <i>Jason D. Schaffer</i>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>1717 N Bayshore Dr.</i>
<b>Suite, Apt. #, Etc.</b> <i>3940</i>
<b>City</b> <i>miami</i>
<b>State</b> <i>FL</i> <b>Zip Code</b> <i>33132</i>

**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 *10/10/03*

CR20081 (10/02)

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<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>
<i>P</i>	<i>Jason D. Schaffer</i>	<i>1717 N. Bayshore Dr. Miami, FL 33132</i>	

*REINSTATEMENT 03 18*

**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:**

*JASON SCHAFFER*

*10/10/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Page 2 of 2*

October 10, 2003

**To whom it may concern,**

**I am requesting a C- waiver as I did not receive an UBR for Why  
Not Ventures, Inc. Enclosed is a check in the amount of \$150.00.**

Thank you,



Jason Schaffer

President/CEO