PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR* ** - * REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000085899 DOCUMENT

1. Corporation Name

DRYER BUDDY, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 28 PM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			3763 SIERRA MERRITT ISLI	A DR. AND FL 32953					
If above addresses are incorrect in any way, line through incorrect information and enter o						correction below.	REINS	TATEME	NT 03
New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida Oo (07,000)			
Suite, Apt. #, etc. Suite, Apt. #,				etc		5. FEI Number Applied For			
City & State City &			City & State	ite			38-3662407 Not Applicable		
Zip	p Country		Zip		Country	6. CERTIFICAT		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
PTD	BRADLEY, FRANK R			3060 N. ATLANTIC AVE.				COCOA BEACH FL 32931	
VD	STILES, JO	2408 BELLEVUE AVE.				SYRACUSE NY 13219			
SD	BRADLEY-BENN, BARBARA			3763 SIERRA DR.			<u> </u>	MERRITT ISLAND FL 32953	
								00024188656 3/0301013029 **150.00	
					,	 			
Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
DOUÇETTE, CHANDRA P						Name FRANK R BRADLEY			
921 N.W. 58RD ST., STE. 240					ļ	Street Address (P.O. Box Number is Not Acceptable) 3763 SIERRA DR			
BOCA RATON FE 83487					ĺ	Suite, Apt. #, Etc.			
						MERRITT ISLAND State Zip Code 32953			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.									

11.1 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 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 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 of Registered Ager

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

REF: DRYER BUDDY, Inc.
Re-instatement

Dear Sir/Madam:

Due to the fact that I did not receive any Annual Report and, in fact, just received this revocation notification, this is to advise that the corporation named above be hereby re-instated as allowed by Florida law.

I have enclosed the necessary fees and made the changes on the form for your records to be updated. Thank you very much for your assistance in this important matter.

Sincerely,

Encls

Form and check

FRANK R. BRADLEY

Drouk of Broadly

Phone 321-783-0335