

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																											
DOCUMENT # P02000093632 1. Corporation Name Extravagant Enterprises, Inc.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 DEC -4 PM 12:28 REINSTATEMENT 03																											
Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 8/27/2002		3a. Date of Last Report N/A																									
2. Principal Place of Business 21 PO Box 611923		2a. Mailing Address 26		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
23 City & State North Miami FL		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		24 Zip 33261																									
25 County MIAMI-DADE		29 County		30		9. Name and Address of Current Registered Agent																									
10. Name and Address of New Registered Agent 81 Name Corporate Creations Network Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street 83 84 City Miami Beach FL 85 Zip Code 33139				11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Elena S. Davila, Asst. Secretary 12/1/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Director/President</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Michael J. Lockwood</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 611923</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>North Miami, FL 33261</td> <td></td> </tr> </table>				TITLE	Director/President	<input type="checkbox"/> DELETE	NAME	Michael J. Lockwood		STREET ADDRESS	PO Box 611923		CITY-ST-ZIP	North Miami, FL 33261		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>800025426968</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>12/11/03--01060--027 **150.00</td> <td></td> </tr> </table>				1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS	800025426968		1.4 CITY-ST-ZIP	12/11/03--01060--027 **150.00	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 on attachment with an address.																															
SIGNATURE Michael J. Lockwood by E.S. Davila as attorney-in-fact 12/1/2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																											

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Extravagant Enterprises, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you. We did not receive the UBR for the year 2003.

By: _____

by E.S. Davila as attorney-in-fact

Name: Michael J. Lockwood

Title: President

Date: 12/1/03