

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 30 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000121039  
1. Corporation Name  
LOW Bid INC  
P.O BOX 691  
POMPANO BEACH, FL 33062

2. Principal Office Address  
P.O. BOX 691

3. Mailing Office Address  
P.O BOX 691

Suite, Apt. #, etc.

City & State  
POMPANO BEACH, FL FLORIDA

City & State  
POMPANO BEACH

Zip 33062 Country U.S.A. Zip 33062 Country U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 11/12/02

5. FEI Number 35-2185195 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required by Certificate of Status

7. Name and Address of Current Registered Agent

Name GEORGE McNULTY 200035780032

Street Address (P.O. Box Number is Not Acceptable) 2294 N. RIVERSIDE DRIVE 05/02/04--01092--021 \*\*\*300.00

Suite, Apt. #, Etc.

City INDIALANTIC State FL Zip Code 32903

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 George McNulty Date 3-4-04

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
Pres.	GEORGE McNULTY	2294 N. RIVERSIDE DR.	INDIALANTIC FLA.
Secy	ERNEST D'ANGELO	111 BRINY AVE. Apt 914	POMPANO BEACH, FLA 33062

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: George McNulty Date 3-4-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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**LOW BID INC.  
P.O. BOX 691  
POMPANO BEACH, FL 33062  
(954)942-3888**

March 4, 2004

RE: Document: PO2000121039

Department of State  
Division of Corporations  
P.O.B. 6327  
Tallahassee, Fl. 32314

*Robert Scholie*

Gentlemen:

Please be advised that I did not receive the renewal application in the mail for my corporation in 2003. In lieu of this fact, please waive reinstatement fee of \$600.00.

Enclosed is \$300.00 (\$150.00 for year 2003 & \$150.00 for year 2004) along with corporation reinstatement form.

Please reinstate corporation as soon as possible.

Thank you,

*George McNulty*  
GEORGE MCNULTY  
PRESIDENT LOW-BID

/GM