

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122629

1. Corporation Name

C.L.S. ENTERPRISES INC.

2. Principal Office Address

7870 NW 62 Street

3. Mailing Office Address

7870 NW 62 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA.

City & State

Miami FL

Zip

Country

33136

DADE

Zip

Country

33136

DADE

REINSTATEMENT 03-04
05/05/03 90235 014 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

11-28-2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MADeline Dinwhe

Street Address (P.O. Box Number is Not Acceptable)

7870 NW 62 Street

Suite, Apt. #, Etc.

600036191726

05/12/04--01030--002 **150.00

City

Miami

State

FL

Zip Code

33166

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

Madeline Dinwhe

Date

May 1, 2004

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
OSTD	MADeline Dinwhe	7870 NW 62 Street	Miami FL 33166
VD	MADeline Dinwhe	7870 NW 62 St	Miami FL 33166

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:

Madeline Dinwhe

May 1, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5/3/04 ²⁰⁰³

Florida Dept of State
Annual Report Dept.

Ref # P02000122629

Per our conversation I'm sending
you \$150.00 to reinstate the corporation.
Please note that the 2003 annual report
was sent on time but we didn't put the
ID. and was rejected and sent back to
us. We honestly didn't receive the letter
for correction. We did move and I
called your office but it seems that
the address was never changed. Also note
that I didn't contact you before because
I'm very sick & with my health problems I
was not able to take care of this sooner.

Thank you for your understanding,

I'm attaching the

Marceline

Marceline