PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P02000127334 |
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1. Corporation Name

FINDADDY'S, INC.

Principal Place of Business

Mailing Address

935 NORTH BENEVA ROAD SUITE 601

935 NORTH BENEVA ROAD SUITE 801

FILED

03 OCT 10 AH 9:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| SARASOTA FL 34242 SARASOTA FL | | SABASOTA FL 34242 | 34242 | | | | | |
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| 45 | | • • | | Britisens | MASSAGE OF THE FEBRUARY | N D'UCANT | 05 | |
| If above a | ddresses are incorrect in any way, line th | | | | | | | |
| 2. New Principal Office Address, If Applicable 3. New Mailing Office Address DAN HEN | | | | Date Incorporated or Qualified To Do Business in Florida 12/04/2002 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | C. Assalva Died E | | | | | |
| City & State | | City & State | usa Cirde | 1// 06 | 10221 | <u> </u> | Applied For | |
| Ony a Gian | | Sarasota, FL | • | | 10001 | | Not Applicable | |
| Zip | Country | Zip 34240 Count | ĬSA | 6. CERTIFICATE | OF STATUS DESIRED | \$8.75 Additi for a Certi | onal Fee required ificate of Status | |
| 7. Names | and Street Addresses of Each Officer and | I/or Director (Florida nonprofit corpor | ations must list at lea | st 3 directors) | | | | |
| Title(s) Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | City / State / Zip | | | |
| D, | HENSON, DANIEL | 2365 APPALOO | · · · · | SARASOTA FL 34240 | | | | |
| D | GRANTHON, JAVIER | 1906 WORRING | 1906 WORRINGTON STREET | | SARASOTA FL 34231 | | | |
| | | | | | | | | |
| | <i>P</i> | | | 80 10/10/ | 0023713 03-01076-02 | 3698 30_**150 |). 00 | |
| | | | | 80 | | 3698 | | |
| | | | | 1,05, 1,05 | 02 010100 | C1 ****** | 1.5 | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent | | | | |
| | | | Name | · · | | | (7/03) | |
| HARRISON, R. CRAIG ESQ | | | Street Address (F | O Box Number | is Not Acceptable) | | | |
| LYONS BEAUDRY & HARRISON PA | | | Street Address (P.O. Box Number is Not Acceptable) | | | 25040 | | |
| 1605 MAIN STREET SUITE 1111 | | | Suite, Apt. #, Etc. | | | | | |
| SARASOTA FL 34236 | | | | | | | | |
| ONING | OTA 12 34230 | | City | | | State Zip Co | ode | |
| 10. I, being | appointed the registered agent of the ab | ove named corporation, am familiar v | vith and accept the ol | bligations of Secti | on 607.0505, F.S. or 61 | - | | |
| ,, | | | 7 | | | | | |
| Signature of | and Sena | | 1 | | Date 101 | 19/03 | | |
| Registered | Agent) | EGISTERED AGENT MUST SIGN | · <u>·</u> | | Date | <u> </u> | | |

11. I certify that I and 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INTERTRADE IMPORTS, INC.

4227 CLINTON AVENUE JACKSONVILLE, FL 32207 TEL.: (904) 730-7796 FAX: (904) 730-8656

Date: October 8, 2003

To Whom It May Concern:

To our surprise our office received the notice of dissolution of our corporation and we immediately inquired within our office about the matter. Please be advised that we did not receive the annual uniform business report this year and as such we kindly hope that you may waive the reinstatement penalty fee.

Thank you!

Sincerely,

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