

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000127334**

1. Corporation Name

**FINDADDY'S, INC.**

Principal Place of Business

935 NORTH BENEVA ROAD SUITE 601  
SARASOTA FL 34242

Mailing Address

935 NORTH BENEVA ROAD SUITE 601  
~~SARASOTA FL 34242~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2002

5. FEI Number

460510221

Applied For

Not Applicable

6. CERTIFICATE 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HENSON, DANIEL	2365 APPALOOSA CIRCLE	SARASOTA FL 34240
D	GRANTON, JAVIER	1906 WORRINGTON STREET	SARASOTA FL 34231

8. Name and Address of Current Registered Agent

HARRISON, R. CRAIG ESQ  
LYONS BEAUDRY & HARRISON PA  
1605 MAIN STREET SUITE 1111  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

(941) 232-6287

CR2E040 (7/03)



**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,



Savvas Savvidis