PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, EDIOL NEW MONITORNO DE METER DE MINISTERIO								
-	PORATION STATEMENT	DEPARTMENT OF STATE		FILED				
		DIVISION OF CORPORATIONS			2007 DEC 13 AM 9: 32			
DOCUMENT # P04000069924 1. Corporation Name. Enterfarement Correptibility Incorporation					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Entertaining and his cars.							KÜ	
	Office Address - No P.O. Box # GODFREY ROAD	3. Mailing O	3. Mailing Office Address			CR2E081 (1/07)		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.						
City & State City & Sta					4. Date Incorporated or Qualified To Do Business in Florida 04/28/2004			
	and. Fl	i City d State			81-0649169		Applied For Not Applicable	
33067 Country usa		Zip	Cour	ntry			Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent								
GERARDO A. BERNARD					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
5210 GODFREY ROAD!								
Suite, Apt. #, Etc.								
parkla	and. Fl	State FL	33067	fee be waived.				
8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligated Signature of Registered Agent Plua REGISTERED AGENT MUST SIGN						igations of section 607.0505 or 617.0503, F.S. Date 12/12/2007		
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 Eacl Officer and/or Director		City / State / Zip			
PCD	GERARDO A. BERNARD		5210 GODFREY ROAD		ROAD	Parkland. Fl.33067		
VD	MARY E. BERNARD		5210 GODFREY ROAL		ROAD	PARKLAND, FL.33067		
						, Mari	.,	
					12/13	5 00113115815 13/0701041020 **450.00		
REINSTATEMENT								
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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 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 contained in Chapter 119, 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: 12/12/2007 954-341-1192								
SIGNATURE:								