PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -6 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000136963

1. Corporation Name

ENDEG BEHBRET, INC.

W10 -15889

300173688923
03/30/10--01028--014 **450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2602 N 50TH STREET	2602 N 50TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL 33619	City & State: TAMPA, FL 33619
Zip: 33619 Country: USA	Zip: 33619 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/01/2004

5. FEI Number: 32-0127502 ☐ 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: NELSON CAPORICE 813-247-2060 2060

Street Address (P.O. Box Number Is Not Acceptable): ~~P. O. BOX 5542~~ 3821 N 29TH STREET

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33610

☒ 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 fee be waived.

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 _____ Date 03/26/1010

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
P	WORKU, MULUGETA T	17421 LAWN ORCHID LOOP,	LAND O LAKES 34638
T	KEFEYALEW, SITOTAW G	6414 DONALD AVENUE	TAMPA, FL 33614
S	G"GIORGIS, SERGOMICHAEL S	7513 BROOKE HAVEN CT	TAMPA, FL 33636
D	BIREDA, WOLDE	6225 CALAMARI PLACE	RIVERVIEW, FL 33569
D	WELDEYOHANNES, FELEKE	2726 MINGO DRIVE	LAND O LAKES, FL 34638
D	SHIMOLA, GEBRU T	14117 EASTLAND LAVE	RIVERVIEW, FL 33569

10. E-mail Address: NCAPORICE@AOL.COM
(To be used for future annual report notification)

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. I further certify, 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: [signature] 3/26/10 813-248-1261

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

JC 4/6