

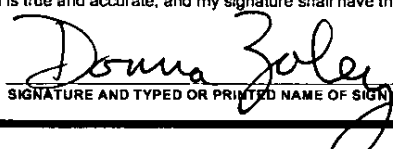


2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 05 OCT -5 PM 1:13 SECRETARY OF STATE FLORIDA	
<b>DOCUMENT # P04000144903</b> 1. Corporation Name <b>DONBAR ENTERPRISES, INC.</b>					
2. Principal Office Address <b>2757 E. Oakland Park Blvd.</b>		3. Mailing Office Address 		CR2E081 (8/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Lauderdale, Fl.</b>		City & State			
Zip <b>33306</b>	Country <b>USA</b>	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida <b>10-20-2004</b>				5. FEI Number <b>20-1774224</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name <b>DONNA ZOLEY</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>2757 E. OAKLAND PARK BLVD.</b>					
Suite, Apt. #, Etc.					
City <b>FT. LAUDERDALE</b>					
State <b>FL</b>					
Zip Code <b>33306</b>					
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 <b>09/30/05</b> 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	ZOLEY, DONNA	2757 E. OAKLAND PARK BLVD.	FT. LAUDERDALE, FL. 33306		
VP	SEIGEL, BARBARA	2757 E. OAKLAND PARK BLVD.	FT. LAUDERDALE, FL. 33306		
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: 		09/30/05 (954) 630-2655			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	