


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000019999
1. Corporation Name Tu Do Enterprises, Inc

2. Principal Office Address
353 Intrepid Way
Suite, Apt. #, etc. Indialantic
City & State Indialantic, FL
Zip 32903 Country

3. Mailing Office Address
353 Intrepid Way
Suite, Apt. #, etc.
City & State Indialantic, FL
Zip 32903 Country

FILED

03 OCT 17 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/17/03--01016--032 **758.75

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4. Date Incorporated or Qualified To Do Business in Florida 3/14/94

5. FEI Number 593229297 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Levan Clevenger

Street Address (P.O. Box, Number is Not Acceptable) 353 Intrepid Way

Suite, Apt. #, Etc.

City Indialantic State FL Zip Code 32903

REINSTATEMENT

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 Levan Clevenger ^{POA by (signed)} Heleen Deavers Date 10/14/03

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
Pres.	Levan Clevenger	353 Intrepid Way Indialantic, FL 32903	Indialantic, FL 32903

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)(l), 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: Levan Clevenger ^{POA by} Heleen Deavers Date 10/14/03 311-253-2877

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

CR2E061 (10/02)

6