PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 AUG -3 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089737

REINSTATEMENT 00-01

1. Corporation Name

TARDIEU INC.

2. Principal Office Address	3. Mailing Office Address
8600 NW 30 TER	8600 NW 30 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI , FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650 540 152 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: REYNOLD HERAUX

Street Address (P.O. Box Number is Not Acceptable): 15343 SW 42 TER

800004547618--3
-08/21/01--01075--016
****908.75 ****908.75

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33185

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: Reynold Heraux — REGISTERED AGENT MUST SIGN — Date: 07-30-01

CR2E031 (01/00)

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
PR	PATRICK TARDIEU	10382 SW 138 Place	MIAMI, FL 33186
SEC	" "	" "	" "
	NOTE: Please delete all other directors.		
			LS

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: Patrick Tardieu — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 07-03-01 — Daytime Phone #: 305-594-9228