PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JAN 19 PM 12: 35
DOCUMENT # P 950	000057832	SECRETARY OF STATE TALLAHASSEE, FLORIDA
BAB INVESTMENT CORPORATION		REINSTATEMENT 02-05
2. Principal Office Address 18090 Collins Avenue	3. Mailing Office Address 18090 Collins Avenue.	mex
Suite, Apt. #, etc. Suite 164 City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date incorporated or Qualified To Do Business in Florida 07/26/1395
Sunny Isles Beach, FL	Suny Isles beach, FL	5. FEI Number Applied For Not Applied be Not Applied For Not Applicable
82160 USA	33160 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to: a Certificate of Status
7. Name and Address of Current Registered Agent Name		
VEIT、FRANK		
Suito, A- 15h: Suito,		
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 REGISTERED AGENT MUST SIGN Date Dec - 1 et - 2004		
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 Director		
P Schicker, Volki	mar Dr. 18090 Cellins Ave	uve#104 SunnyIsles Bead, FL 33160
VP Schicker, Holde		ve # 104 Suny Isles Beach, FL 33160
5 Veit, Frank	18090 Collins Ava	104 \$104 Sunny Isles beach, FL 35160
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		-5, 200 01017 0003
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:		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		