PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

			HONO BEI ONE		TING THIS FURN		
2	RPODATION ISTATE IT NT	FLORIDA DEPAF Jim Secreta	RTMENT OF STATI Smith Iry of State CORPORATIONS		02 DEC 30 PM 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # β950000 93/00 1. Corporation Name					MALLAHASSEE, FL	ORIDA	
	HO HO, INC.						
	el Office Address 0TH STREET	3. Mailing Office Addre					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	etc.				
UNIT 8	50	UNIT 850	UNIT 850		4. Date incorporated or Qualified To Do Business in Florida 12/07/1995		
City & State VERO BEACH, FL		City & State VERO BEACH, FL		5. FEI Numb	er .	Applied For	
Zip	Country	Zip	Country	65-0625	5992	Not Applicable	
32966	odaini,	32966	Country	6. CERTIFICAT	TE OF STATUS DESIRED (\$8.75)	Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent							
	Name SCOTT REDFIELD				100007007	7.3	
	Street Address (P.O. Box Number is Not Acceptable)						
	6200 20TH STREET						
-	Sulte, Apt. #, Etc. UNIT 850						
	City VERO BEACH			•	State Zip Code 32966		
8. I, being	appointed the registered agent of the at	ove named corporation, am	familiar with and accept the	obligations of sect		<u> </u>	
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 12-23-03							
		REGISTERED AGENT MUS	TSIGN	_	Date		
9. Names	and Street Addresses of Each Officer a	nd/or Director (Florida nonpr	ofit corporations must list at	least 3 directors)			
Titles	Name of Officers and/or Director	2	Street Address of Each Officer and/or Director		City / State / Zip		
D/P	SCOTT REDFIELD	6200 2	6200 20TH ST #850		VERO BEACH, FL 32966		

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.							
SIGNAT	TURE: SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OF	FICER OR DIRECTOR	(U) 12	23-02 (772) 794- Date Daytime I		

DECEMBER 23, 2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Corporation Reinstatement

Dear Sir or Madam:

Accompanying is a Corporation Reinstatement form for Ho Ho, Inc. We did not receive the standard annual notification of renewal thereby resulting in administrative dissolution. Please waive the late payment penalty.

Sincerely,

Scott Redfield, President

Ho Ho Ho, Inc. 6200 20th Street

Unit 850

Vero Beach, FL 32966