

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013090

1. Corporation Name

CUIDAO HOLDING CORPORATION

FILED

02 DEC 23 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000009646840  
12/23/02--01099--002 \*\*158.75

2. Principal Office Address 1021 Creekford Drive		3. Mailing Office Address 1021 Creekford Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33326	Country Broward	Zip 33326	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 02/12/1996	
5. FEI Number 650639616	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Wayne A. Doss		
Street Address (P.O. Box Number is Not Acceptable) 1021 Creekford Drive		
Suite, Apt. #, Etc.		
City Weston	State FL	Zip Code 33326

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 Wayne A. Doss  
REGISTERED AGENT MUST SIGN

Date 12/19/2002

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
PD	Wayne A. Doss	1021 Creekford Drive	Weston Florida 33326

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:

Wayne A. Doss

WAYNE A DOSS

12/19/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

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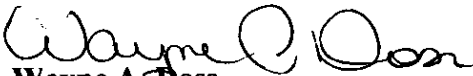
**CUIDAO HOLDING CORPORATION**

**1021 Creekford Drive  
Weston, Florida 33326  
(954) 849-9507**

**Florida Dept of State  
Jim Smith  
Secretary of State  
Division of Corporations**

**Dear Sir,**

**I respectfully request waiver of the reinstatement fee for this corporation. I recently acquired controlling interest of Cuidao Holding Corporation and the renewal form mailed to the old owners was not forwarded to me. The company current status of ADMIN DISSOLUTION occurred on 10/04/2002.**

  
**Wayne A. Doss  
President and CEO  
Cuidao Holding Corporation**