PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM NOT COMPLETING THE COMPLETING THIS FORM NOT COMPLETING THIS FORM NOT COMPLETING THIS FORM NOT COMPLETING THE COMPLETING THIS FORM NOT COMPLETING THE COMPLETING THIS FORM NOT COMPLETING THE COMPLETING THIS FORM NOT COMPLETING THE COMPL FLORIDA DEPARTMENT OF STATE CORPORATION FILED Secretary of State REINSTATEMENT 06 JAN 19 AN 2: 34 DIVISION OF CORPORATIONS DOCUMENT # P9600035,00 2. Principal Office Address 3. Mailing Office Address CR2E081 (8/05) 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Country \$3.75 Additional Fee required for a Cerulicate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City Zip Code 8. I, being appointed the registe 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director City / State / Zip Officers and/or Directors MIDMI كأترحة 7222 WU 08PF DL 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Distribution: Frode SERVICES, INC. 7980 NW 66 ST Wigni F1 33166

01/13/06

Division of Corporation Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 2002 and neither the Note of Dissolution, because on the first months of year 2002 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also we move our office to a new address and the Post Office never did the delivery of the form, and by the same reason the Annual Report for the following years 2003, 2004 and 2005 were not received. I will appreciate very much if you accept our check in the amount of \$ 600.00 as payment of the Corporation Uniform Business Report for year 2002, 2003, 2004 and 2005.

I thank you for your cooperation to resolve this matter.

Sincerely your: