

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 9 PM 4:30

DOCUMENT # P97000060828

1. Corporation Name

SKEEZA, Inc.

2. Principal Office Address

1217 CATHERINE ST

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32807

Country

USA

3. Mailing Office Address

1217 CATHERINE ST

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32807

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

7/14/97

5. FEI Number

59-3457125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

N. BACCHUS

300003296893-2

Street Address (P.O. Box Number is Npt Acceptable)

616 WILDWOOD STREET

06/20/00 01045 606

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

City

ALTAMONTE 32951

State

FL

Zip Code

32714

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

*[Signature]*

Date

6/6/00

REGISTERED AGENT MUST SIGN

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
PSID	MARLON CHEN	1217 CATHERINE ST	ORLANDO, FL 32801

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:

MARLON CHEN  
*[Signature]*

6/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)