

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

FILED

01 DEC 20 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00-01 UBR

DOCUMENT # P970000068853

1. Corporation Name

SRC Enterprise Inc

2. Principal Office Address

965 NW 129 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33182

Country

USA

3. Mailing Office Address

965 NW 129 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33182

Country

USA

2000-2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0774580

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

CARLA M Abello

000004880130--2

Street Address (P.O. Box Number is Not Acceptable)

965 NW 129 AVE

-02/05/02--01037--021

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

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

Carla M Abello

Date

12-18-01

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
D	Carla M Abello	965 NW 129 AVE	Miami, FL, 33182

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:

Carla M Abello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-01

Date

305-225-3459

Daytime Phone #

CR2E081 (9/00)

S.R.C. ENTERPRISES, INC

965 NW 129 AVENUE MIAMI, FL 33182. Ph. (305)222-3459

October 31, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: DOC# P97000068853

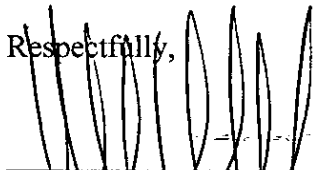
Dear Sirs,

It has been brought to our attention that our company maybe administratively dissolved for non-payment of annual fees, We retrieved this information off the internet and are not sure if it is true. **We did not receive our annual report for filing for the year 2000** and this may be **due to a change of address.**

We were advised by your office to write this letter as the correct procedure in this case. Please find enclosed a check for \$150.00 and a copy of our 1999 report with **the correct mailing address.** as is also mentioned above.

We sincerely apologize for this late payment, but If we had received your renewal notice, we would have made a timely remittance.

Respectfully,



Robert Dernfield (Manager)