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(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-00

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

FILED
00 MAR -7 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-00

SP

DOCUMENT # P98000021301

1. Corporation Name
Ceades Co.

2. Principal Office Address	3. Mailing Office Address
201 Raquet Club Rd.	1804 N. University Dr.
Suite, Apt. #, etc. #5512	Suite, Apt. #, etc. # B
City & State Weston, Fl	City & State Plantation, Fl
Zip 33326 Country USA	Zip 33322 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3 | 6 | 98

5. FEI Number 65-0817549 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $ 30.75 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Perez Behar & Assoc., PA
Street Address (P.O. Box Number is Not Acceptable): 13935 NW 1st. Ave.
Suite, Apt. #, Etc.:
City: Miami — State: FL — Zip Code: 33168

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] President — Date: 3-3-00
REGISTERED AGENT MUST SIGN

CR2E058 (1-98)

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	Caleb Espinoza	11714 NW 58 St.	Tamarac, Fl. 33319

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] Caleb Espinoza — 3-3-00 — 954-714-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(7)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CEADES CO.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75