


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 DEC 28 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000033247</u> 1. Corporation Name <u>Carpe Diem adventures Inc</u> <u>545 W Lucy</u>			
2. Principal Office Address <u>545 W Lucy</u>		3. Mailing Office Address <u>545 W Lucy</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Florida city</u>		City & State <u>FL</u>	
Zip <u>33034</u>	Country <u>Miami Dade</u>	Zip <u>33034</u>	Country <u>Miami Dade</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>July 29, 1998</u>		5. FEI Number <u>65-0831752</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent	
Name <u>HASAN M. ZAHRAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>545 W Lucy</u>	<u>300004748999-3</u>
Suite, Apt. #, Etc.	<u>-01/03/02-01042-003</u> <u>****750.00 ****750.00</u>
City <u>Florida city</u>	State <u>FL</u> Zip Code <u>33034</u>

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: HASSO Date: Dec. 27-2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>president</u>	<u>HASAN ZAHRAN</u>	<u>545 W Lucy</u>	<u>floridacity FL 33034</u>

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)(j), 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: HASSO Date: Dec. 27, 2001 Daytime Phone #: 3052481993

CREAM (8/00)



ACCOUNT NO. : 072100000032
 REFERENCE : 556392 7296931
 AUTHORIZATION :
 COST LIMIT : \$ PREPAID

 ORDER DATE : December 28, 2001
 ORDER TIME : 10:09 AM
 ORDER NO. : 556392-005
 CUSTOMER NO: 7296931
 CUSTOMER: Mr. Hasan M. Zahran
 Carpe Diem Adventures Inc.
 545 W. Lucy
 Homestead, FL 33034

DOMESTIC FILINGS

NAME: CARPE DIEM ADVENTURES INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____

RECEIVED
 01 DEC 28 11:23 AM '01
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA