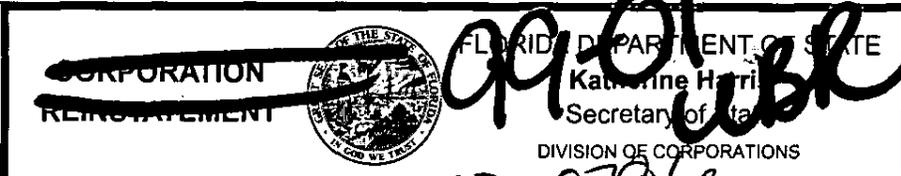


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 990000040796

1. Corporation Name
Timeless Enterprises INC

2. Principal Office Address
3500 N. State Rd 7

3. Mailing Office Address
same

Suite, Apt. #, etc.
456

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State
FL

Zip
33319

Country
U.S.

Zip

Country
U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-084-5059

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
Dwetta Hunter

Street Address (P.O. Box Number is Not Acceptable)
3500 N. State Road 7

Suite, Apt. #, Etc.
Suite 456

City
Fort Lauderdale

State
FL

Zip Code
33319

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-04/25/01--01007--032
****458.75 ****458.75

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]

REGISTERED AGENT MUST SIGN

Date 4-08-2001

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
Pres	Dwetta Hunter	3500 N. State Rd 7 #456	
Secretary		Fort Lauderdale, FL	33319
V.P.	ERNEST Hunter	3500 N. State Rd 7 #456	Fort Land, FL 33319
			SP

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] (Dwetta Hunter) President 4-2-2001 (954) 931-7749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)