

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 11 AM 11:55

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 98000 099834**

1. Corporation Name

Endo-AID, Inc.

2. Principal Office Address

174 S. Collier Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Marco Island, FL

Zip

34145

Country

Collier

3. Mailing Office Address

174 S. Collier Blvd.

Suite, Apt. #, etc.

Suite # 305

City & State

Marco Island, FL

Zip

34145

Country

Collier

600021760186
07/24/03--01013--004 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-355-4635

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

M.P. Clark

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

959 S.E. Central Parkway

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

M.P. Clark

REGISTERED AGENT MUST SIGN

Date

7-10-03

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
P	M P Clark	959 S.E. Central Pkwy	Stuart, FL 34994

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:

M.P. Clark Martha P. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

772-485 0585

Daytime Phone #

CR2E081 (10/02)

July 10, 2003

Office of Secretary of State
Department of State
Division of Corporations
P.O.B. 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this letter as documentation that we have **not** been receiving your requests for filing proper corporation annual documents with the state of Florida, and we wish to have the **reinstatement fees waved.**

for year 2001

We wish to be reactivated as a Florida Corporation, and we have included the necessary paperwork to correct/update mailing address, registered agent, officers, etc.

Thank you for your understanding and help in this matter.

Sincerely,

PPClark
Martha Patricia Clark
President
Endo-AID, Inc.