PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR	PORATI	ION			FLORIDA	DEPARTMENT OF STATE			FILED						
_	STATEM				Secretary of State DIVISION OF CORPORATIONS			04 APR 20 PM 12: 27							
DOCUMENT# pa8000/09669 1. Corporation Name "Savasota Brides, Inc									SECF TALL/A	RETARY HASSEE	OF STATE	ĪĒ DA			
2. Principal Office Address 3. Malling Office Address										REMOTATEMENT 07-04					
2128 Gulf Gate DV Suite, Apt. #, etc.					2128 Gulf Gate DV Suite, Apt. #, etc.					10033103301 04/19/0401032008 **450.00 4. Date Incorporated or Qualified To Do Business in Florida \ 2 -\ 9-\ 9-\ 8					
Savasota, Fl					Savasota, Fl					5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIDED S8.75 Additional Fee required					
^{Zip} 342	231	Sav	rasoto	X.	342	31	So	2pvg	ora	CERTIFICATE	OF STATU	S DESIRED (\$8.75 fo	Additiona ra Certifica	Fee required te of Status
9	Name Bevery B Nowell Street Address (P.O. Box Number's Not Acceptable) 2128 Guite, Apt. #, Etc. City Sava Sota 7. Name and Address of Current Registered Agent Name Bevery B Nowell Street Address (P.O. Box Number's Not Acceptable) Street Address (P.O. Box Number's Not Acceptable) Street Address (P.O. Box Number's Not Acceptable) Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of Current Registered Agent														
8. 1, being Signature of Registered	ıf				1 Janel	.i		with and a	accept the o	bligations of secti				. 20	04
9. Names	and Street A	ddresses		cer and	or Director (Flo	rida nonpro	<u> </u>			east 3 directors)	T				
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct										
Pres	Beve	. <u>.</u>	Y B 1	Jan	ne (1	340	2	18 1 ६	Ave	W	Brai	Lento	~,F	1343	205
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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 filling 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 and press or Printed Name of Signing Officer or Director Date Daytime Phone #															

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Savasota Brides, Inc 2128 Gulf Gate Dr Savasota, F1 34231

Florida Division of Corporations POBOX 6327 Tallahassee, FI 32314

Please be advised that we did not recieve an Annual Corporate Report for the year 2002.

April 12, 2004

Thank you for your help, Benky & Paull Beverley & Nomell, regulard agent