

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT -3 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *P9900664516*

1. Corporation Name

EDEAL ENTERPRISES INC.

2. Principal Office Address

2551 OSCAR HARVEY RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

Country

32310

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-99

5. FEI Number

593585736

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

EILEEN M. DEAL

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

2551 OSCAR HARVEY RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32310

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

Eileen M. Deal

Date *10/3/01*

REGISTERED AGENT MUST SIGN

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
<i>Pres/Sec</i>	<i>EILEEN M. DEAL</i>	<i>2551 OSCAR HARVEY RD</i>	<i>TALLAHASSEE, FL 32310</i>

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****750.75 ****750.75

REINSTATEMENT

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:

Eileen M. Deal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/01

Date

Daytime Phone #

MW

CR2E081 (9/00)