


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 28 PM 2: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071834 1. Entity Name CIAO 2000, INC.	
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Principal Place of Business 2770 CARIBBEAN ISLES #909 MELBOURNE, FL 32935	Mailing Address POST OFFICE BOX 372808 SATELLITE BEACH, FL 32937
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10202004	REIN-P	CR2E098 (6/04)
4. FEI Number 59-3592296		Applied For Not Applicable

6. Name and Address of Current Registered Agent D'AGOSTINO, ROBERT RALPH 2770 CARIBBEAN ISLES #909 MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIORNO, JERRY	NAME	
STREET ADDRESS	12415 W. 2ND PLACE, #107	STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD, CO 80228	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **Date:** 10-26-04 **Daytime Phone #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR