

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 NOV 20 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA


REINSTATEMENT 03

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11/20/03--01022--008 **150.00

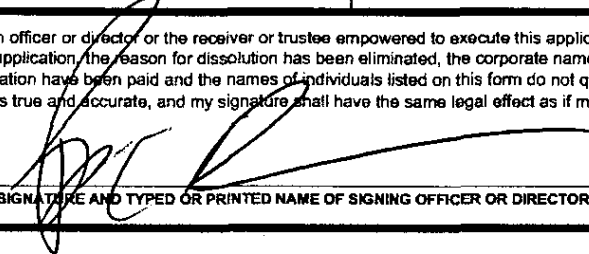
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000072201			
1. Corporation Name CONRAD Corp. INC			
2. Principal Office Address 4124 NW 59th street Suite, Apt. #, etc.		3. Mailing Office Address 4124 NW 59th street Suite, Apt. #, etc.	
City & State coconut creek FL		City & State coconut creek FL	
Zip 33073	Country USA	Zip 33073	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0938709	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Brett Miller		
Street Address (P.O. Box Number is Not Acceptable) 4124 NW 59th street		
Suite, Apt. #, Etc.		
City coconut creek	State FL	Zip Code 33073

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 	Date Nov 10, 2003
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
Pres	Brett Miller	4124 NW 59th street	coconut creek, FL 33073

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: 	Date Nov 10, 2003 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (10/02)

To: Florida Department of State – Division of Corporation
Document # N02000006401
Document # P99000072201

From: Brett Miller

To: Whom it may concern,

I sent both corporation filing reports to the state at the same time. One the check was deposited and the other wasn't.

I spoke with someone from the state by phone who was very helpful and said a follow up letter was sent to me May 15th. I never received this notice and now the corporations have been resolved.

Please reinstate both corporations.

The Coconut Creek Chamber of Commerce, Inc Doc # N02000006401
Conrad Corp. Inc Doc # P99000072201

Thank you

Brett Miller
4124 NW 59th street
Coconut Creek, Fl 33073