CORPORATION REINSTATEMENT

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

AND
FILED
02 FEB 14 PM 1: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075568

1. Corporation Name

Chubby Boy Inc.

REINSTATEMENT 01-02

2. Principal Office Address
1657 N.W. 3rd Ave.

3. Mailing Office Address
212 N.E. 46st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl

City & State
Miami, Fl.

4. Date Incorporated or Qualified To Do Business in Florida Aug. 24 1999

5. FEI Number
65-0943082

| | Applied For |
| | Not Applicable |

Zip
33136

Country

Zip
33137

Country

6.
CERTIFICATE OF STATUS DESIRED [X]

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mr. Dwayne Bennett

000004961940---6
-02/20/02--01076--004
****908.75   ****908.75

Street Address (P.O. Box Number is Not Acceptable)
212 N.E. 46st

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33137

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
Dwayne Bennett
REGISTERED AGENT MUST SIGN

Date 2-14-02

CR2E081 (9/01)

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	Dwayne Hickman	20104 N.W. 27th Cord	Opa Locka Fl. 33056
VP	Dwayne Bennett	212 N.E. 46st	Miami, Fl. 33137
			2/14

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: Dwayne Bennett

2-14-02   305-576-6976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #