

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2007 NOV 16 PM 3:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F 99000000973

1. Corporation Name NADEAU CORPORATION

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box # 1621 STANFORD ST. 3. Mailing Office Address WRWCO 16130 VENTURA BLVD.

10/17/07 CR2E081 (1/07) 01063 008 450.00

Suite, Apt. #, etc. #320

4. Date Incorporated or Qualified To Do Business in Florida

City & State SANTA MONICA, CA ENCINO, CA

5. FEI Number 95-4713578 Applied For Not Applicable

Zip Country 90404 USA 91436 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name NADEAU Home Street Address (P.O. Box Number is Not Acceptable) 7620 NW 78TH TER Suite, Apt. #, Etc. City MEDLEY State FL Zip Code 33166

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11.16.07 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include President THOMAS NADEAU and CEO STEVE BROOKS.

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 contained in Chapter 119, 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] 11/16/07 Day Daytime Phone #

11/16/07