


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059000

1. Corporation Name
Dade Ventures INC.

2. Principal Office Address 15 Perkiomen Ave Suite, Apt. #, etc.		3. Mailing Office Address 15 Perkiomen Ave Suite, Apt. #, etc.	
City & State S.I. N.Y.		City & State STATEN Island NY	
Zip 10312	Country USA	Zip 10312	Country USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 7-02-1998

5. FEI Number 650867531
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: DENISE LARSEN

Street Address (P.O. Box Number is Not Acceptable): 3024 SW 27 AVE

Suite, Apt. #, Etc. 800024165378

City: Miami

State: FL Zip Code: 33133

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: DENISE LARSEN Date: 10/21/03

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
P	DENISE LARSEN	15 Perkiomen Ave	S.I. NY 10312
VP	THOMAS LARSEN	"	"

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: DENISE LARSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/21/03 Daytime Phone #:

CR2001 (10/02)

10/25