
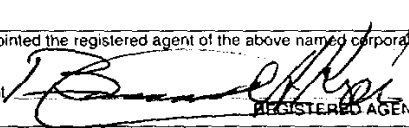
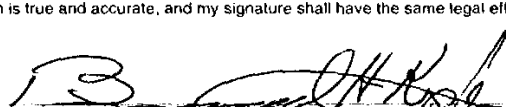


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG 10 AM 9:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 97000097322					
1. Corporation Name HR NET INC.					
Principal Place of Business 19495 BISCAYNE BLVD N. MIAMI FL 33180			Mailing Address C/O BSA ADVERTISING 360 LEXINGTON AVE NEW YORK NY 10017		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">11-14-97</div>	
				5. FEI Number <div style="text-align: right;">58-2362964</div> <div style="text-align: right;">Applied For Not Applicable</div>	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	BERNARD KAPLAN	19707 TURNBERRY WAY	N. MIAMI FL 33180		
SECA	IAN KAPLAN	19707 TURNBERRY WAY	N. MIAMI FL 33180		
			200002963482--9 -08/18/99--01068--022 ***1450.00 ***1300.00		
REINSTATEMENT 48-99 ITS					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name BERNARD KAPLAN		
			Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD		
			Suite, Apt. #, Etc.		
			City State Zip Code N. MIAMI FL 33180		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent:  Date: _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: _____ Daytime Phone #: _____ <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>					

CR2087 (12/98)