PS 1392

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ACCEPTED AND FILED

01 JUL 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000024815

1. Corporation Name

THISPLAY, INC.

2. Principal Office Address	**3.** Mailing Office Address
8127 HARDING AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State
Zip: 33141 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-18-1999

5. FEI Number: 65-0921243 — Applied For / Not Applicable

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: ANAMARIA AMELIA HERNANDEZ

100004483811--7
-07/18/01--01012--006
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 8127 HARDING AVENUE

Suite, Apt. #, Etc.:

City: MIAMI BEACH | State: FL | Zip Code: 33141

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: 7/12/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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/D.	ANAMARIA AMELIA HERNANDEZ	8127 HARDING AVENUE	MIAMI BEACH, FL 33141
Vice Pres	ADRIA DE JESUS MASFERRER	8127 HARDING AVENUE	MIAMI BEACH, FL 33141

REINSTATEMENT 00-01

100004483811--7
-07/18/01--01012--007
****8.75 ****8.75

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: _____ 7/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To whom it may concern:

As per my conversation with a state employee, enclosed please find a check for ($300.00) to reinstate my corporation.

I was not notified of the annual report due and the officer of the state I spoke to recomended that I should write this letter. so that you can waive the penalty fee.
Thank you for your time and help.

Anahaia Hernandez
President.

If you have any questions. Please contact me at your earliest convenience. (305) 868-1523.

Charter Number Only

7/12/01

Requestor's Name

Address

Atlantic

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

THIS PLAY, INC.

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 JUL 13 AM 9:28
RECEIVED
ACKNOWLEDGE
SUFFICIENCY OF FILING

( ) Profit
( ) NonProfit
( ) Foreign
( ) Limited Partnership
( ) Reinstatement
(✓) Amendment
( ) Dissolution
( ) Annual Report
( ) Reservation
( ) Merger
( ) Mark
( ) Other
( ) Change of Registered Agent
(✓) Certified Copy
( ) Photo Copies
( ) Certificate Under Seal
( ) Call When Ready
(✓) Walk In
( ) Will Wait
( ) Call If Problem
(✓) Pick Up
( ) After 4:30
( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY