

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 JUL -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/11/02--01024--024
***1050.00 ***1050.00

REINSTATEMENT 00-02

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 504171 1. Corporation Name Hallandale Digest, Inc.			
2. Principal Office Address 415 North East 2nd Ave Suite, Apt. #, etc.		3. Mailing Office Address 415 N.E. 2nd Avenue Suite, Apt. #, etc.	
City & State Hallandale Beach, Florida Zip 33009 Country USA		City & State Hallandale Beach, FL Zip 33009 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 5/27/1976	
5. FEI Number 591688732	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Daniel Bluesten Street Address (P.O. Box Number is Not Acceptable) 1719 W. TRAFALGAR CIRCLE Suite, Apt. #, Etc. City HOLLYWOOD State FL Zip Code 33020	
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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 Daniel Bluesten Date 6/19/02
 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
Pres.	Daniel Bluesten	1719 W. Trafalgar Circle	Hollywood, FL 33020
V.P.	Norma Devo	217 N. 31st Ave.	Hollywood, FL 33021
Sec.	Gloria Martin	8700 Skramm Circle North #108	Miami, FL 33023

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: Daniel Bluesten 6/19/02 (954) 457-8029
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

js 7/18/02