

PLEASE READ — INSTRUCTIONS BEFORE


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

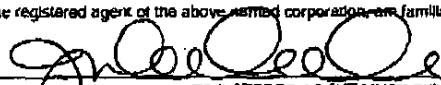
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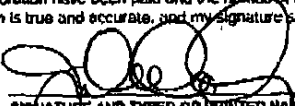
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C-0378109		95-2584063	
1. Corporation Name Strictly Advertising FA7 00000 1102			
2. Principal Office Address 1011 Ives Dairy Rd.		3. Mailing Office Address 1011 Ives Dairy Rd.	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33179	Country USA	Zip 33179	Country USA

4. Date Incorporated or Qualified in Florida Incorporated: 9/18/95 Qualified in Fla: 3/31/97	
5. FEI Number 56-1943953	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name Julie Edmonds	
Street Address (P.O. Box Number is Not Acceptable) 1631 Harrison Street	
Suite, Apt. #, Etc.	
City Hollywood	State FL
	Zip Code 33020

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 1-31-03
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
Pres	Julie Edmonds	1011 Ives Dairy Rd # 210	Miami, FL 33179

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 305-653-1117 Daytime Phone #

CR2E001 (10/02)

7/3/1

Strictly Advertising, Inc.
1011 Ives Dairy Rd Suite 210
Miami FL 33179
(305) 653-1117 Phone
(305) 653-2466 Fax

1/29/03

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement application, along with payment in the amount of \$150.00 made payable to the Department of State. I relocated my business quite some time ago, informing the Miami Dade county tax collector. At the time, I thought the state was also informed, when apparently it was not. I am fully aware should I decide to relocate my business in the future, the state must be notified IMMEDIATELY. Waving the reinstatement fee would be GREATLY APPRECIATED, if this is at all possible.

Thank you in advance for your help.


Gail Williams

We previously
paid \$150 -
Here is the
2nd payment
of \$150.