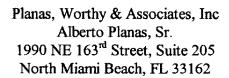
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI	-				ecretary	TMENT of State	9	ſΪĔ	04	FILÎ Jan -5	ED AM 10: 4	0	
DOCUMENT # G30843 1. Corporation Name (1) a (Harry & Association Troc										SECRETARY OF STATE				
Planas Worthy & Associates, Inc.										REINS MENT OF 07				
2. Principal Office Address 1990 NE 163rd ST. 1990 NE 163rd ST. Suite, Apt. #, etc. Suite, Apt. #, etc.									<u>۲</u>				· •	
Suite 205					Suite 205					4. Date Incorporated or Qualified To Do Business in Florida 3/29/1983				
North Miami Bch., FL				FL	North Miami Boh.				FL	5. FEI Number				
33162					33162		SA					8.75 Additiona for a Certifica		
	Name			1 =	7. N	ame and A	ddress of	Current R	egisten	ed Agent				_
	Jan Solow									granz da el la				
	Street Address (P.O. Box Number is Not Acceptable)									100025969881 01/05/04 01017 020 **458.75				
	Suite, Apt. #, Etc.									in strategic programme				
	City	MI	، ستاد	, 'a.t'				151	-,*	2 (1)	State FL	Zip Code 3 3 <i>155</i>	. •	
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 2/2 9/0 3														
Registered Agent											Date	1290	<u> </u>	
9. Names	and Street Ad	idresses (of Each Off	icer and/	or Director (Flo	rida nonpro	ofit corporati	ons must l	list at le	ast 3 directors)				
Titles			Name of s and/or Di		Street Address of Each Officer and/or Director				•		City / S	State / Zip		
P	Alberto E. Plana				5 Sr. 5845 C			ollins Avenue			Miam	ni Bead	h /FL/	33140
	<u>.</u> .		······································					. .						-
														
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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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: ALBERTO E. PLANAS, SR. DEC. 15/03 (305)669-0067														
SIGNATURE: ALBERTO E. PCANAS, SR. DEC. 15/03 (305)009-000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date														



December 12, 2003

Florida Department of State Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Document #

To Whom It May Concern:

Please accept my request to have the late fees waived in the process of reinstating my company, Planas, Worth & Associates, Inc. I did not receive any notice for the 2001 annual report.

Enclosed is a check in the amount of \$458.75 which covers the reinstatement fee and the certified copy fee.

Please call my assistant Trish Cardozo at (305) 669-0067 if you have any questions or cannot honor my request.

Thank you.

Sincerely,

Alberto Planas, Sr.

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