PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	APPHOVEL AND FILED
DOCUMENT # 59-2704 1. Corporation Name HAND FLYER	02 MAR 25 PM 4: 4.1 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Office Address GIO JASMINE ROAD Suite, Apt. #, etc. City & State ALLA MONTE SPRINGS, FL. Zip Country	630 Jasmine Road Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida 7-30-86 5. FEI Number
32701 Country U.S.	3270 U-S. 7. Name and Address of Current Registere	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Martin A. Redata Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) -04/16/02-01035-011 **********************************		
REGISTERED AGENT MUST SIGN Date 3/21/02		
Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corporations must list at lea	st 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. JOSE L. BORRE	RO 630 JASMINE ROA	D ALTAMOUNT SPRINGS, FL
T/S EILEEN MONTALVO BO	DRRERO 630 JOLINE ROAL	27 701
		0000052819901 -04/16/0201035012 ***1350.00 ***1350.00
owed by the corporation have been paid and the na on this application is true and accurate, and my sig	ution has been eliminated, the corporate name satisfies the	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees exemption under section 119.07(3)(i), F.S. The information indicated soath. One Daytime Phone #