
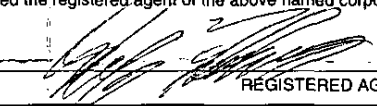
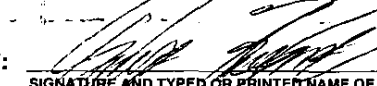


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b><del>CORPORATION</del></b> <b><del>REINSTATEMENT</del></b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>04 JUN 15 AM 9:58</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # M34418</b>					
<b>1. Corporation Name</b> EIGHTEEN FORTY ONE INC					
5507 FILLMORE STREET 5507 FILLMORE STREET					
<b>2. Principal Office Address</b> 5507 FILLMORE STREET		<b>3. Mailing Office Address</b> 5507 FILLMORE STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA			
Zip 33021	Country USA	Zip 33021	Country USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/27/1986	
<b>5. FEI Number</b> 59-2691562				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name DIEGO FELICIANO					
Street Address (P.O. Box Number is Not Acceptable) 5507 FILLMORE STREET					
Suite, Apt. #, Etc.					
City HOLLYWOOD				State FL	Zip Code 33021
<b>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.</b>					
Signature of Registered Agent 				Date 05/20/2004	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
D.P.	DIEGO FELICIANO	5507 FILLMORE STREET		HOLLYWOOD, FLORIDA 33021	
<b>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)(l), 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.</b>					
<b>SIGNATURE:</b> 		05/20/2004		954-987-7385	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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**EIGHTEEN FORTY ONE, INC.  
5507 FILLMORE STREET  
HOLLYWOOD, FLORIDA 33021**

**Phone (954) 987-7385**

May 20, 2004

Florida Department of State  
Division of Corporations  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

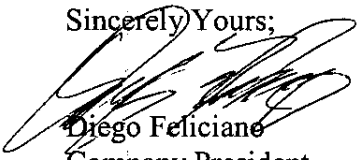
In RE: 2004 Corporate Reinstatement filing  
Uniform Business Report Document # M34418

I met with my accountant today and he found that I had not renewed my Uniform Business Report for 2004. I never received the original applications.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$150.00 for the above years.

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;



Diego Feliciano  
Company President