PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9900005246

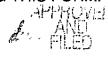
1. Corporation Name

ETHNOSLINK, INC.

Principal Place of Business

Mailing Address

3023 PROCTOR ROAD SARASOTA FL 34231 PO BOX 18351 SARASOTA FL 34276



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

								STATEW	IENT	2003	
If above addresses are incorrect in any way, line through incorrect inf 2. New Principal Office Address, If Applicable 3. New Mailin					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Rusiness in Florida			
Suite, Apt. #, etc. Suite, A				#, etc.			08/02/1999 5. FEI Number Applied For				
City & State City			City & State	Jity & State			65-0968266 Not Applicable				
Zip	Count	у	Zip		Country		6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Add for a Cel	itional Fee required rtificate of Status	
7. Names	and Street Addresses	of Each Officer and	or Director (Flo	rida nonprofi	it corporati	ions must list at lea					
Title(s) Name of Officers and/or Directors				Street Address Officer and/or					ーリ25 # City / State / Zip		
P	RAMIREZ, CARLOS H			2103 BRUECKNER ROAD				SARASOTA FL 34231			
٧	BRANTLEY, RICHARD			4137 KING RICHARD DRIVE				SARASOTA FL 34232			
SD	RAMIREZ, MAYRA A				2103 BRUECKNER ROAD			SARASOTA FL 34231			
T	RUBIN, NANCY M	2400 ARDEN DRIVE			SARASOTA FL 34232						
											
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
Name							<u> </u>				
						P.O. Box Number is Not Acceptable)					
2103 BRUECKNER ROAD SARASOTA FL 34231					Suite, Apt. #, Etc.						
						City			State Zip C	Code	
10. I, being	appointed the registe	red agent of the abo	ove named corp	oration, am fa	amiliar witt	h and accept the ob	oligations of Sect	ion 607.0505, F.S. or 6	17.0505, F.S.		
Signature o		SIGNA	EGISTERED AC	GENT MUST	SIGN	- , ,		Date 10/2	0/201	03	
•				•				apter 607 or 617, F.S. I	•	- ·	

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.





October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
Po Box 6327
Tallahassee FL 32314-6327

Dear Sir or Madam,

Enclosed are an application for reinstatement on behalf of Ethnoslink, Inc., and a check for \$70.00 (\$61.25 report fee + \$8.75 certificate of status).

We are a missionary/evangelistic non profit organization which has no permanent staff and operates with volunteers who donate their time performing a variety of office tasks.

We did not receive the UBR notice (s) send to our office, it either got lost on the mail, or involuntarily during the mail handling by one of our volunteers.

Respectfully we would like to request to waive the penalty fee. As you can verify, we have timely filed the UBR for previous years.

Thank you so much for your cooperation.

Cordially,

Rev. Carlos Ramirez

President/Registered Agent

CR/nr