


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS N0500005374	
DOCUMENT # P00000019918			
1. Corporation Name Demolition Comics ⁺ , Inc.			
2. Principal Office Address 4049 S. Dale Mabry Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33611	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 2/25/2000		5. FEI Number 59-3631298	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name William Insignares			
Street Address (P.O. Box Number is Not Acceptable) 4049 S. Dale Mabry			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33611
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 <i>W. Insignares</i>		Date 3/16/05	
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
P/D	William Insignares	4049 S. Dale Mabry Hwy	Tampa, FL 33611
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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>W. Insignares</i>		President	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/16/05	Daytime Phone # (813) 832-2692

FILED
05 APR 14 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

CR2E081 (01/05)

Demolition Comics+, Inc.
4049 S. Dale Mabry Highway
Tampa, FL 33611

March 16, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 2005 – Uniform Business Report / Document #: P00000019918

Dear Sirs:

During the process of reviewing our records we noticed that we had not received our Corporate annual report. Our correct mailing address is on the attached UBR.

Enclosed is a check for \$750. We respectfully request that you accept this report and payment of our fee.

Sincerely,



William Insignares
President / Director