


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000029327		900005169019--7 --03/26/02--01039--027 ****900.00 ****900.00	
1. Corporation Name Handycom Inc.		FILED 02 MAR -8 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address 2074 Acapulco Dr. Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 3/2000	
City & State Miramar, FL	City & State	5. FEI Number 65-1007009	Applied For Not Applicable
Zip 33023	Country Broward	Zip 33023	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Guillermo Martinez			
Street Address (P.O. Box Number is Not Acceptable) 2074 Acapulco Drive			
Suite, Apt. #, Etc.			
City Miramar		State FL	Zip Code 33023
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>G Martinez</i>		Date 03-01-02	
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
Pres	Martinez Guillermo	2074 Acapulco Dr.	Miramar, FL 33023
V-P	Martinez Anabel	2074 Acapulco Dr.	Miramar, FL 33023
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>G Martinez</i>		03-01-02 (954) 901-1999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2ED01 (9/01)