


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000059956					
1. Corporation Name PLANET COMMUNICATIOON & SYSTEMS INC.					
2. Principal Office Address 7905 EXTER BLVD EAST			3. Mailing Office Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMARAC-FLORIDA			City & State		
Zip 33321	Country BROWARD	Zip	Country		

FILED

03 APR -2 AM 11:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200015770872
04/14/03--01006--004 **158.75

4. Date Incorporated or Qualified To Do Business in Florida 06/21/00	
5. FEI Number 65-1031267	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent		
Name JAMES SOTO ROCA		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. ROYAL PLAZA 6289 W SUNRISE BLVD SUITE # 258		
City SUNRISE	State FL	Zip Code 33313

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

Date **03/28/03**

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	CARLOS ARIEL HENAO	8900 WASHINGTON BLVD 101A	PEMBROKE PINES-FL 33025
VP	ADRIANA GONZALEZ PULGARIN	8900 WASHINGTON BLVD 101 A	PEMBROKE PINES FL 33025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)