

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000108737

1. Corporation Name

HI FLI TRAPEZE ACADEMY CORP.

Principal Place of Business Mailing Address

3553 NW 25TH TERR
BOCA RATON FL 33434

3553 NW 25TH TERR
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

5. FEI Number

65-1057437

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KORA, FRANK	3553 NW 25TH TERR	BOCA RATON FL 33434

REINSTATEMENT DB

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8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd ST., 4th FLOOR

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/03

11. 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: *Frank Kora* FRANK KORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03 561-271-8704

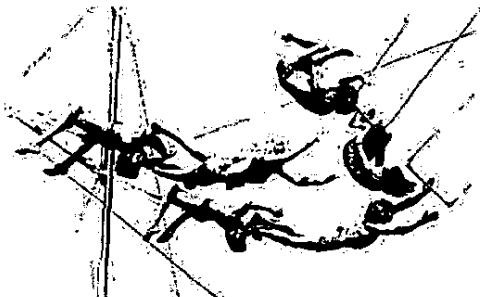
Date

Daytime Phone #

PAGE TWO

Hi Fli Trapeze Academy, Corp.

Catch The Adrenaline!



3553 NW 25 Terrace
Boca Raton, Florida 33434
Telephone: 561-271-8704
Fax: 561-477-5091
Email: fkora@gate.net

October 29, 2003

Dear Spiegel & Utrera, P.A.:

I received a "Notice of Administrative Dissolution or Revocation" for lack of timely payment on my 2003 corporation annual report / uniform business report.

After speaking to the Department of State via telephone, I was informed that since I didn't receive the original notices that I can submit the normal fee of \$150.00, which I have enclosed. Furthermore I need not have the registered agents signature and your new current address.

I have enclosed a check in the amount of 139.95 as requested by the Ft. Lauderdale branch of Spiegel & Utrera and another check in the amount of \$150.00 to the Department of State for you to send to them on my behalf. I look forward to be able to continue to operate as a corporation in the state of Florida and hope the enclosed payment brings an end to this matter. Please feel free to rewrite my letter to the Department of State.

Sincerely,

Frank Kora

You may contact me at 561-271-8704