

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 11 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1 00000 1591

1. Corporation Name

HARTFORD RESOURCES, INC.

2. Principal Office Address

250 S.W. 198 TERR

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

U.S.

3. Mailing Office Address

250 S.W. 198 TERR

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

33029

Country

US.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

2/24/02

5. FEI Number

04-3595975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTIN C. SATZ

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

250 S.W. 198 TERRACE

Suite, Apt. #, Etc.

500054867045

05/13/05 01079 000 \*\*450.00

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/28/05

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
<u>P.</u>	<u>MARTIN SATZ</u>	<u>250 SW 198 TERR</u>	<u>PEMBROKE PINES, FL 33029</u>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN SATZ 4/28/05

Date

Daytime Phone #

CR2E081 (01/05)

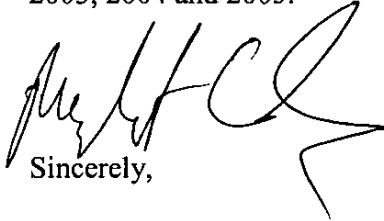
Div of Corp  
Tallahassee , Florida

4/28/05

RE: Hartford Resources, Inc.

Dear Sirs,

We respectfully ask for an abatement of penalties to reinstate above corporation. Our mailing address had changed and we did not get any mail forwarded concerning the filing of annual reports. We have enclosed a check for \$450.00 to cover the last three years of 2003, 2004 and 2005.

A handwritten signature in black ink, appearing to read 'Martin Satz', with a stylized flourish at the end.

Sincerely,

Martin Satz, President