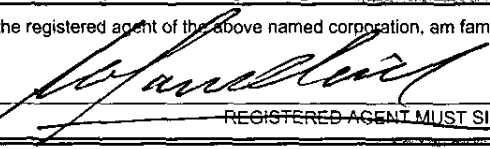



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="text-align: right;">FILED 03 MAY -1 PM 3:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">DOCUMENT # P01000007540</div>			
1. Corporation Name R.A.S.N., Inc.			
2. Principal Office Address 3831 NAUTICAL Way Suite, Apt. #, etc. SUITE 204 City & State KISSIMMEE FL Zip 34741 Country OSCEOLA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 700021766607 07/24/03--01058--032 **150.00 4-29-02 90116 011150⁰⁰			
5. FEI Number 59-3680002		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Raul SOLANILLA Street Address (P.O. Box Number is Not Acceptable) 3831 NAUTICAL Way #204 Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34741			
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 4/24/03 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	Raul SOLANILLA	3831 NAUTICAL Way #204	KISSIMMEE FL 34741
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: 		Date 4/24/03 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)

Attachment

April 14, 2003

Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302

RE: RASN, INC.

DN: P01000007540

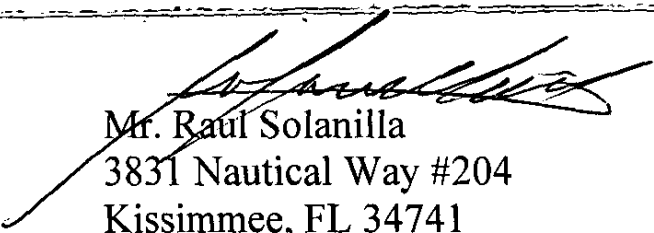
PROFIT & NON-PROFIT RE-INSTATEMENT

To Whom It May Concern:

The purpose of this letter is to let you know that we did not received any rejection letter from your division for the year 2002. Please we are requesting to waive any penalties with our corporation in order for us to continue with the business.

I am including \$150.00 to cover the renew of the corporation for year 2003.

Should you have any question concerning the above, do not hesitate to contact us.



Mr. Raul Solanilla
3831 Nautical Way #204
Kissimmee, FL 34741