PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DO 450001266	FILED OLAPR-1 PM 2:06
DOCUMENT # POli	000027137	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Raging Networks, INC.		INSTATCHER 02-64
2. Principal Office Address 6/45 /0歩 57 Suite, Apt. #, etc.	3. Mailing Office Address 6/45/05/57. Suite, Apt. #, etc.	100031281121 03/26/04-01086008 **308.75
		Date Incorporated or Qualified To Do Business in Florida
City & State Ze Pharhills Florida	Zephyrhills Florida	5. FEI Number Applied For Not Applied For Not Applicable
33542 Country	335 42 Country US.	CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Brian CrisT Street Address (P.O. Box Number is Not Acceptable) 6/45 /0 # ST. Suite, Apt. #, Etc. City Zepharhills Florida State Zip Code FL 33542		
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 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 Eac Officer and/or Directo	
P Crist, Bria	2 6145 10th	St Zedagshills, FL
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 filling 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 #		

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P3 2 23

March 23, 2004

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement of Raging Networks

Dear Sirs:

Please accept the enclosed check for \$308.75 for the reinstatement of Raging Networks. This letter serves as an explanation of our two-year delinquency. Our registered agent was Alton White, Jr., Esq. At Barr, Murman, Tonelli, P.A.'s. Mr. White has not worked at that attorney firm for quite some time and unbeknownced to us our annual reports were not being filed. We were unaware of this problem and ask that the \$600.00 reinstatement fee be waived. I can be reached directly at (813)-786-4379 for any further questions your office might have. Thank you for your immediate attention regarding this matter.

Sincerely,

Mario Quevedo

BRIAN CRIST

Enclosed is A check for \$308.75 for 24RS x \$150.00 and \$8.75 for a Certifical c of status Desired.

Thank you.

To: TiNa Roberts

Re: Documt. To 1 ppp 27137

FR: Raging Networks

The Compay Raging Networks Did not Recine the 2003 Arval Report form. These documes were to be handled by Attony Lim Ref. in write of 3/23/04.

Thou 12 your,
Brian Crist
President.