


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED
Pg 1 of 2

04 DEC -2 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 001000051288			
1. Corporation Name A PLUS BIG SCREEN INC.			
2. Principal Office Address 6565 SW 8 FL Suite, Apt. #, etc.		3. Mailing Office Address SAME. Suite, Apt. #, etc.	
City & State N. LAUDERDALE, FL 33068		City & State SAME	
Zip 33068	Country US	Zip SAME	Country SAME

REINSTATEMENT 03-04

4/24/03 90177 039 150.00

4. Date Incorporated or Qualified To Do Business in Florida 5/14/01	
5. FEI Number 14-1844766	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

TK

7. Name and Address of Current Registered Agent		
Name NANCY ANDINO		
Street Address (P.O. Box Number is Not Acceptable) 6565 SW 8 FL.		
Suite, Apt. #, Etc.		
City N. LAUDERDALE	State FL	Zip Code 33068

100043223591
12/07/04--01007--005 **151.00

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** Nancy Andino
REGISTERED AGENT MUST SIGN

Date 11-22-04

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
MGR.	HECTOR ANDINO	6565 SW 8 FL.	N. LAUDERDALE, FL. 33068

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: Hector Andino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/20/04 **(954) 682 5296**
Daytime Phone #

CR2E081 (01/04)

15 2 8²

NOVEMBER 9, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL. 32314

RE: A PLUS BIG SCREEN
FEI NO. 14-1844766

GENTLEMEN:

ENCLOSED ARE THE FORMS AND OR DOCUMENTS PURSUANT TO THE REINSTATEMENT OF "A PLUS BIG SCREEN, INC.". ALSO ENCLOSED IS A CHECK FOR \$150.00 WHICH NANCY ANDINO, IN OUR OFFICE, WAS INSTRUCTED WE SHOULD SEND.

PLEASE BE INFORMED THAT FOR THE YEAR 2003, WE SENT A CHECK FOR \$150.00 (COPY ATTACHED). THEN YOUR OFFICE SENT US A LETTER REQUESTING THE FEDERAL ID. NO., WHICH WE SUBMITTED AS REQUESTED IN YOUR LETTER. APPARENTLY, YOU HAVEN'T RECEIVED THAT LETTER. HOWEVER THE CHECK IN QUESTION WAS DEBITED FROM OUR ACCOUNT.

THE DOCUMENTS ENCLOSED WERE DOWNLOADED FROM YOUR WEBSITE PER INSTRUCTIONS FROM ONE OF YOUR REPRESENTATIVES.

PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER AND ENCLOSURES SO WE KNOW PROPER ACTION HAS BEEN TAKEN THIS TIME.

CORDIALLY,



HECTOR ANDINO

ENCS.