PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				-	
	RPORATION STATEMENT	Secre	ARTMENT OF STATE stary of State of Corporations	FILED 05 DEC 30 EN 10: 10	
DOCUMENT # P01000089313 1. Corporation Name Consider Formula Publisher Services Inc.				MILLER TO THE AND A	
Sonic Express Delivery Services, Inc.					
				400062513064 12/30/0501058008 **750,00	
2. Principal Office Address 3. Mailing O					
20105 NW 62 Ave. 20105 N			ve	CR2E081 (8/05)	
Suite, Apt. #, etc. Suite, Apt. #					
			4. Date Incorporated or Qualified To Do Business in Florida September 7, 200		
City & State Miami E		City & State Miami, Florida		5. FEI Number Applied For	
Miami, Florida Zip Country		Zip Country		651137980 Not Applicable	
33015	USA	33015	USA	CERTIFICATE OF STATUS DESIRED Status of Status	
		. 7. Name a	nd Address of Current Register		
	Name Victor H. Hernandez, Ir				
	Victor H. Hernandez, Jr.				
	Street Address (P.O. Box Number is Not Acceptable) 7530 SW 63 Avenue				
	Suite, Apt. #, Etc.				
	City Miami			State Zip Code 33143	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date December 28, 2005	
	s and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each			h	
Titles	Officers and/or Directors		Officer and/or Directo		
. P	Victor Hugo Hernandez		05 NW 62 Avenue	Miami, FL. 33015	
V/S/T	Victor Hugo Hernandez, Jr.		0 SW 63 Avenue	Miami, FL. 33143	
				102/05	
			11/1	103190	
		[REPUSIATE		
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 Dating Phone #					
1	SIGNATURE AND TYPED OR PA	IN FED NAME OF SIGNIN	G OFFICER OR DIRECTOR	Date Daytime Phone #	