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© PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

·**x**?.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 APR -2 AMII: 11
DOCUMENT # PO26 1. Corporation Name Red ThisHe,	000036793 Inc.	CALLAHASSEE, FLORIDA
2. Principal Office Address 790 VWage Way. Suite, Apt. #, etc.	3. Mailing Office Address 790 VIII age Way Suite, Apt. #, etc.	900031740929 04/02/0401018012 **300.00
Palm Harbor.	Palm Harbor	4. Date Incorporated or Qualified To Do Business in Florida 4/4/2002
FWRIDA,	Horida.	5. FEI Number Applied For 45 0473612 Not Applicable
34683 Country U.S.A.	34683 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Street Address (P.O. Box Number is Not Acceptable) 790 vuage way. Spite, Apt. #, Etc. Palm Harbor City State Zip Code FL 34683		
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 REDISTERED (AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at le	· · · · · · · · · · · · · · · · · · ·
Titles Name of Officers and/or Directors		r City / State / Zip
MRD ARMINDO LUIS	190 village was	4. Palm Harbor, Fl 34683
MRSD ELIZABETH JANET	Luis 790 Village Wav	y Palm Harbor, FL 34683
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 mysignature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND INDEPOR PRINTER TABLE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

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790 Village Way Palm Harbor Florida 34683 Tel: (727) 781-1712

red thistle inc.

March 18, 2004

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

To Whom It May Concern

Dear Sir / Madam,

Reinstatement of Red Thistle, Inc.

The purpose of this letter is to request that our company, Red Thistle, Inc. be reinstated with the Division of Corporations.

Our address changed only 3 months after setting up the corporation and we were remiss in amending our change of address with the Division of Corporations.

As with all our other correspondence, we expected that the US Mail would forward our mail to us as requested. However, no correspondence was received from the Division of Corporations, which would have prompted us to amend the address accordingly.

Red Thistle had only traded for one tax period and we diligently completed and submitted all relevant taxes. As this would have been our first year to submit an Annual Report, our accountant did not discover that the company had been dissolved until she prepared the following year's taxes (i.e. the current year).

Red Thistle is a small family business, only 2 owners - no employees, and we have a very low turnover. We therefore humbly request that the company be reinstated without fines or penalties.

Enclosed is a check for \$300.00 being payment for last year and this year's Annual Report fees.

We trust that you will look upon this request favorably and look forward to hearing from you with the outcome of your decision.

ändest Regards,

Armindo Luis

Elizabeth Luis