

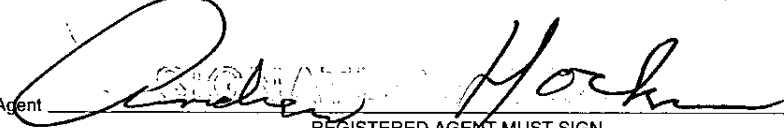



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P02000096959</b> 1. Corporation Name <b>HUMIDORS PLUS, INC.</b>		<b>FILED</b>  04 JAN -6 PM 3:28  SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 03</b>  200026133782 01/06/04--01039--014 **150.00	
Principal Place of Business  3307 NW 109 DRIVE CORAL SPRINGS FL 33065		Mailing Address  3307 NW 109 DRIVE CORAL SPRINGS FL 33065	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>3307 NW 108th Dr</b> Suite, Apt. #, etc.  City & State <b>Coral Springs, FL</b> Zip <b>33065</b> County <b>Broward</b>		3. New Mailing Office Address, If Applicable <b>3307 NW 108th Dr.</b> Suite, Apt. #, etc.  City & State <b>Coral Springs, FL</b> Zip <b>33065</b> County <b>BROWARD</b>	
4. Date Incorporated or Qualified To Do Business in Florida  <b>09/06/2002</b>		5. FEI Number <b>52-2380330</b> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	HOCHMAN, ANDREW	3307 NW 109 DRIVE	CORAL SPRINGS FL 33065
VP	Hochman, Shannon	3307 N.W. 108 <sup>th</sup> Dr.	Coral Springs, FL 33065
8. Name and Address of Current Registered Agent  <b>HOCHMAN, ANDREW</b> <b>3307 NW 108 DRIVE</b> <b>CORAL SPRINGS FL 33065</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.  Signature of Registered Agent  Date <b>12/24/03</b> REGISTERED AGENT MUST SIGN			
11. 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:  12/29/03 954-796-0304 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (7/03)

To Whom this may concern! 12/24/03

I am writing this letter after consulting with my Attorney regarding my Corporation Homidors Plus. Originally when I first received my UBR it was passed the deadline. After speaking with your rep, Mark Corbett, he said to write a letter explaining that I received the UBR after the due date due to incorrect information on the address. Enclosed you will find the updated UBR and payment for 2003. Please allow this letter to serve as reasoning to waive any fees.

Thank you,  
Andrew Hochman  
Andrew Hochman  
Homidors Plus, President