

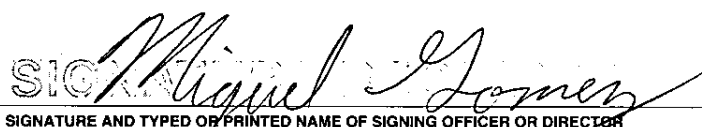


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000135132		FILED 04 JAN -6 PM 3:22 SECRETARY OF STATE TALLAHASSEE FLORIDA REINSTATEMENT 03	
1. Corporation Name EAR DRUMMERS INCORPORATED		 100026134601 01/06/04--01039--020 **150.00	
Principal Place of Business 3335 CYPRESS POINT CIRCLE ST. CLOUD FL 34772 US			
Mailing Address 3335 CYPRESS POINT CIRCLE ST. CLOUD FL 34772 US			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 12/30/2002	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MIGUEL, GOMEZ A JR.	557 BAR DR	POINCIANA FL 34759
VP	ROBERT, HOWARD D	3335 CYPRESS POINT CIRCLE	ST CLOUD FL 34772
TR	VICTOR, ROSARIO R	480 CARDINAL CT	POINCIANA FL 34759
SE	JULIO, RIVERA M	525 GULL DR	POINCIANA FL 34759
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIGUEL, GOMEZ A JR. 557 BAR DR POINCIANA FL 34759		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
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 12/30/03	
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: 		Date 12/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CH2E040 (7/03)

The reason for the late filling is because we did not receive the filling forms until September of 2003. We were told to enclose a check for \$150.00 and not pay the reinstatement fee. Thank you.