PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTA	TEMENT		,		SION OF CORPORATIONS			06 MAY 25 PH 3: 03			
DOCUMENT # \$03000032141								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal Office			3. Mailing Off	ffice Addre	-ce		何时		A	EMENT	nu-Dlo X
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Suite, Apt. #, etc. Suite, Apt. #, etc.										UKZEU61 (12/00)	
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City & State		1	City & State			·····		To Do Busir		nda MARC	L 28, 2003
Bunris	Bunrise Florida							5. FEI Number Applied For 77-0606731 Not Applicable			
Zip	Coun	•	Zip		Country	,	6.			S\$ 75	Additional Fee require
33313	<u> ५ । ५</u>	SA				···		CERTIFICATE	OF STATU		Additional Fee require a Certificate of Status
			7. N	ame and /	Address of	f Current Regist	stered Ar	gent			
Nar	ne e	Lica	<u> </u>	Klo							
Str	et Address (f	P.O. Box Number is No	ot Acceptable)	<u> </u>	J. /	, -				<u> </u>	-
Sui	Street Address (P.O. Box Number is Not Acceptable) 679/ N.W. 25th Court Suite, Apt. #. Etc.										
<u> </u>								- 			
City		unrise			-				State FL	Zip Code . 33313	
8. I, being appoir		tered agent of the above	ve named corpor	ration, am	familiar with	th and accept the	ne obligati	ions of section	on 607.050		
Signature of	\circ	MOLL	<u>7</u> .								
Registered Agent		RF	EGISTERED AGE	ENT MUS	T SIGN	<u> </u>			Date _		
9. Names and S	treet Address	ses of Each Officer and	Vor Director (Flor	rida nonpri	ofit corpora	itions must list a	at least 3	directors)			
Titles	Name of Street Address of Eacl Officers and/or Directors Officer and/or Director							City / State / Zip			
Pres N		Spencer-	-Dixon	630		pbp-m		TUE	F4.	Louderd	ale 3331
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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

954-746-2385







Eltrym & Sospel Sting [Publishing & Promotions]

250 W. Oakland Park Blvd Sunrise, FL 33313 Tel: 954-746-2385/7 Fax: 954-746-2386

Email: gospelsting@yahoo.com Web: www.gospelsting.com

To Whom It May Concern:

Dear Sir/Madam,

Good morning, it was recently brought to my attention that my company Eltrym & Gospel Sting Int'l Inc. was dissolve by the state. I further learn that there was a post card like notice send out to me for the renewal of my company which I had no knowledge of and further did not know of the existence of such notice.

I am therefore asking the state if they would be kind enough to waiver any penalty against this my company Eltrym & Gospel Sting Int'l Inc. due to my sworn ignorance of such documentation of renewal.

Since learning of this document I promise to keep all records of this my company Eltrym & Gospel Sting Int'l Inc. up to dates and in good standing as according to the states rules and regulation.

For further information, please contact me at the above information.

In have include a check for one Hundred and Fifty dollars (\$ 150.00)

Sincerely

Myrtle Spencer- Dixon

President