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| PLEASE REVU ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | |
|--|---|--|
| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 2006 NOV 20 PM 3: 44 |
| 1. Corporation Name | 0036425 | SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| Spanedit. Inc. | wob-50048 | 05-04 |
| 2. Principal Office Address [2844 SW 62nd Lane | 3. Mailing Office Address 12844 SW 62nd Lane | CR2E081 (12/05) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified |
| City & State FL | City & State MiGm; FL | To Do Business in Florida 3 – 3 l – 0 3 5. FEI Number 76 – 073 066 9 Applied For Not Applicable |
| 33183 Country USA | 33183 Country USA | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Name Abel Delgado | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| Suite, Apr. W. Etc. | | |
| City Migmi | | State Zip Code 3 3 / 8 3 |
| 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 REGISTERED AGENT MUST SIGN Date | | |
| 9. Names and Street Addresses of Each Officer a | nd/or Director (Florida nonprofit corporations must list at le | least 3 directors) |
| Titles Name of Officers and/or Directo | Street Address of Eac rs Officer and/or Director | |
| President Abel Dely | ado 12844 SW 62nd | Lane Miani FL 33183 |
| | | 400081739614 - 4月20631 ¹⁹⁴ 508 4*158.75 11/29/0601026025 **150.00 |
| 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 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: | | |
| | PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |

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

November 9, 2006

م رخطه

Dear Department of State:

Please find enclosed a reinstatement form for my corporation, Spanedit Inc., document number P0300036425, and the appropriate fees for the report and the supplemental fee.

The Annual report fee is \$61.25 and the Corporate Supplemental Fee is \$88.75, for a total of \$150. In addition, I am requesting a Certificate of Status for an additional \$8.75.

Without my knowledge, my corporation was administratively dissolved on September 16, 2005.

I was never contacted—either by phone, fax, e-mail or letter—to reinstate my company, nor was I advised of the possibility of administrative dissolution, or I would have gladly paid the renewal fee.

In fact, I did not receive a letter from the Department of State after July 2004. In the fall of 2005, I called the Department of State to make sure my corporation's status was still in good standing, a representative advised me that the fee I paid in 2004 was good for two more years, until 2006.

Only now, as I was preparing to contact the Department of State to find out the fees to renew, did I find that my corporation is listed as "not active." I am not sure what happened.

I believe that miscommunication resulted in me being misinformed over the phone and in me not receiving any letter advising me to renew.

As such, I would like to request that the reinstatement fee be waived in this case. Thank you for any assistance you can offer in resolving this matter.

Sincerely

Abel Delgado President Spanedit, Inc.