

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9200006762**

1. Corporation Name
Twenty-NINE THOUSAND, FIVE

2. Principal Office Address PO Box 561944		3. Mailing Office Address PO Box 561944	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State PINECROFT	
Zip 33256	Country MIAMI, DADE	Zip 33256-1944	Country MIAMI, DADE

REINSTATEMENT 98.04
400039358774
07/21/04--01005--032 **1650.00

4. Date incorporated or Qualified To Do Business in Florida
NOV 19, 1992

5. FEI Number 65-0373943	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GENE WILLNER

Street Address (P.O. Box Number is Not Acceptable)
8400 SW 146TH ST

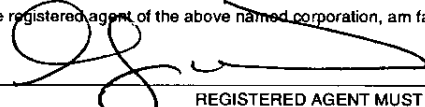
Suite, Apt. #, Etc.

City
Palmetto Bay

State
FL

Zip Code
33158

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.

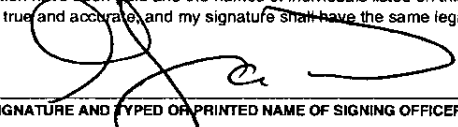
Signature of Registered Agent  Date **7/14/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GENE WILLNER	8400 SW 146TH ST	Palmetto Bay, FL 33158
ST	KAREN WILLNER	8400 SW 146TH ST	Palmetto Bay, FL 33158

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 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 **7/14/04** Daytime Phone # **305-251-0087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)