PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 31 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006762

1. Corporation Name
Twenty-Nine Thousand, Inc
W07000042957

REINSTATEMENT 05-07

2. Principal Office Address	3. Mailing Office Address
8400 SW 146th St	P.O. Box 561944
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto Bay, FL	City & State: Pinecrest
Zip: 33158 Country:	Zip: 33256 Country:

4. Date Incorporated or Qualified To Do Business in Florida: Nov 19 1992

5. FEI Number: 65-0373843 ☐ Applied For ☐ Not Applicable

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: [signature] Date: 1/24/07
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

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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 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: [signature] 1/23/07 305-251-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #