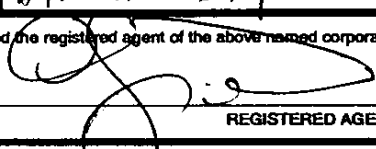
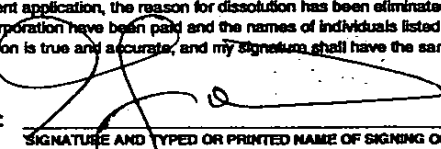


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 AUG 31 AM 9:08 TALLAHASSEE, FLORIDA	
DOCUMENT # PQ200000 6762					
1. Corporation Name Twenty-Nine Thousand, INC V4.100V042957					
2. Principal Office Address 8400 SW 146th St Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 561944 Suite, Apt. #, etc.		
City & State Palmetto Bay, FL Zip - 33158 Country			City & State Pinecrest Zip 33256 Country		
4. Date Incorporated or Qualified To Do Business in Florida Nov 19 1992				5. FEI Number 65-0373843	
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  REGISTERED AGENT MUST SIGN					
Date 1/24/07					
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	
600109266016 09/12/07--01025--001 **1050.00					
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 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)(f), 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					
Date 1/23/07					
Daytime Phone # 305-251-0087					

CR2E001 (01/04)