


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 OCT 22 PM 5:48	
DOCUMENT # P93000022390							
1. Corporation Name Del Rio Connection, Inc.							
2. Principal Office Address 4301 SE 1st Ave. Suite, Apt. #, etc.				3. Mailing Office Address 4301 SE 1st Ave. Suite, Apt. #, etc.			
City & State Cape Coral, Florida				City & State Cape Coral, Florida			
Zip 33904		Country USA		Zip 33904		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/24/1993				5. FEI Number 65-0402100			
				Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent							
Name Christine F. Wright							
Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy. East							
Suite, Apt. #, Etc. Suite C							
City Cape Coral				State FL		Zip Code 33904	
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 <i>Christine F. Wright</i>				Date 10/18/01			
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	
DPST		Ernst Koehler		4301 SE 1st Avenue		Cape Coral, FL 33904	
						SP	
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: <i>[Signature]</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

CR2E081 (9/99)

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LAW OFFICES OF
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Darrin R. Schutt *
Christine F. Wright

Ernest A. Seemann
of Counsel

* Admitted in FL. & Ga.

October 19, 2001

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

RE: Del Rio Connection, Inc.

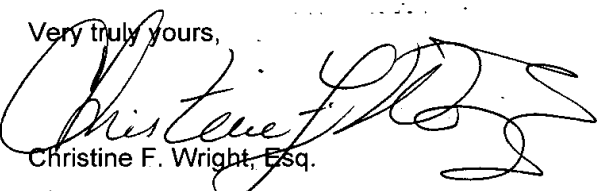
Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement form and check for \$150.00 for the reinstatement of the above-referenced corporation.

The corporation is requesting that the reinstatement fee be waived. The address in the Division's records is incorrect, and in fact, non-existent. The owner of the company was out of the country and upon his recent return discovered that the company had been dissolved.

Thank you for your consideration of this matter and if you have any questions, please do not hesitate to contact me.

Very truly yours,


Christine F. Wright, Esq.

Enclosures