

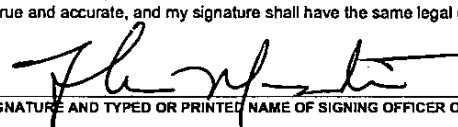
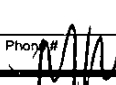


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAY 10 AM 11:58 TALLAHASSEE, FLORIDA	
DOCUMENT # P93000028061					
1. Corporation Name THE CONNECTION BY THOMAS, INC.					
2. Principal Office Address 14280 SW 142 STREET			3. Mailing Office Address 2121 PONCE DE LEON BLVD.		
Suite, Apt. #, etc. 208			Suite, Apt. #, etc. SUITE 240		
City & State MIAMI, FLORIDA			City & State CORAL GABLES, FLORIDA		
Zip 33186	Country	Zip 33134	Country	4. Date Incorporated or Qualified To Do Business in Florida 04/16/1993	
				5. FEI Number 650406073	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PRATS, GABRIEL					
Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD.					
Suite, Apt. #, Etc. SUITE 240					
City CORAL GABLES					
				State FL	Zip Code 33134
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 3-7-05	
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	
PSTD	MARTINEZ, THOMAS	14280 SW 142 STREET, # 208		MIAMI, FL 33186	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	Daytime Phone # 

CR2E081 (01/05)