PLEASE READ A APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S	tham tate	MPLETING THIS FOI APP (WED) AND HILLD		
DOCUMENT # P9400009065			97 AUG 15 AM 10: 13		
1. Corporation Name AcquisiTron CORP.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business H716 BOXWOOD C-IRCLE BOYNTON BEACH, FL 33436			1996-1997 Annual Report S		
2. New Principal Office Address, If Applicable			. ———		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		
City & State -1344 NTDN BEACH FL	City & State		65-0462513 Not Applicable		
City & State 1009 NTDN BEACH, FL Zip 33436 Country USA	Zip Country	, 6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each					
Title(s) and/or Directors Officer		cer and/or Director e Post Office Box Numb	bers) 4	ly / State / Zip	
PRES HERBERT LIN	NE 4716 BO	XWOOD C	Pirce BoyNTON E	BEACH, FJ. 33438	
Sec					
MAR ARLENE LINNE 4716 BOXWOOD CIRCLE BOYNOW BEACH, FL 33436					
			3000022 -044363	70 9635 (60 ⁰¹⁰³³ -365:00	
8. Name and Address of Current R	egistered Agent	9.	Q. Cluy Name and Address of New Redist	Jy Jy J	
NEO ROBERT 1 CLAIRE HERE			BERY LINNE		
ALLA ROBERT 1. CLAIRE 7280 M. POLINGE PRINCE SHEET Address (P.O. BO) 4716 RE BOCA RATON, FL 2343 Silly Apt. #, Etc.			Box Number is Not Acceptable) Sox いっこう しった	Ta Sa	
	- 23433	B04N78		State Zip Code FL 336%	
10. I, being appointed the registered agent of the abov Signature of Registered Agent Author: Les 2 REG	e named corporation, am familiar wit	h and accept the obligat			
1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)					
12. 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 filling 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: Huher Topice HELBERT L'INNE Bay 12/1897 JZ/- 768-8162 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Priorie #					

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Herbert Linne 4716 Boxwood Circle Boynton Beach, FL 33436

Aug. 6, 1997

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

Att: Shawn Logan

Dear Mr. Logan:

Enclosed is our check in the amount of \$365.00 in order to reinstate the Linne Acquisition Corp. as an active body.

The delay in this payment is due to the fact that the writer, who is 78 years old and quite ill, had what he thought was a responsible manager operating his business. It seems, in fact, that this was not so and he never paid or showed me the appropriate renewal documents. In fact, the local sheriff's office is now investigating said character for misappropriating money from the account that he authorized to use in operating the business.

I trust that this information and the enclosed check will be sufficient to reinstate the corporation and allow it to operate.

Very truly yours,

Harbort Linna

Encl.