PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
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DOCUMENT #4950003449 W	i
4 Compression Namo /	00 MAR -3 AM 10: 36
TOBITOS Beeper Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address	
159 NE SYTH St. Suite 4	
159 NIE 54Th St. Suite 4 Miami Francisco 33137	
If above addresses are incorrect in any way, line through incorrect information and enter c	
159 NE 5456	To Do Business in Florida
Suite. Apt. #, etc.  Suite. Apt. #, etc.	5. FEI Number Applied For
City & State  City & State	65-0580006   Not Applicable
Zip 23130 Country Zip Zip Country	CERTIFICATE OF STATUS DESIRED S8,753 Additional Fee required to orange of Status or Certificate or Certificate or Certificate or Certificate of Status or Certificate or Certifi
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporate	tions must list at least 3 directors)
Name of Officers Stre	tet Address of Each cer and/or Director cer and/or Director e Post Office Box Numbers) 4
1 3 (Do NOT Us	e Post Onice Box Numbers/
Presdet TOBIC EDAYAND NISOSW 88 Ave. Penbioce PINES FIJ3025	
VIII TOBIC EDOLLAND 1450 SW 88 ONE PEMBrake PINES PL33025	
TORS. TORIC FRANCISCO 1450 SW 88 OWE Pembroke Pines, FL 33625	
5000031686453	
	****615.00
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name
The LAW FIRM OF LAWRENCE J. SPIESEZ	Street Address (P.O. Box Number is Not Acceptable)
343 NIMERIA AVE,	159 ME 5474 SF. #4 Suite, Apt. #, Etc.
Coral Gables FL 33134	State Zip Code
	Mani FL 33/37
10. I, being appointed the registered agent of the above period corporation, am familiar wit	th and accept the obligations of Section 607.0505, F.S.
Signature of Agent Ab. c Show Street Signature Signature Signature of Signature of Agent Agent Ab. c Show Signature Signature Signature of Signature	
REGISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)	
12. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  Day or Phone **	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: The Phone *	



## TOBITO'S BEEPER, INC. 159 NE 54<sup>TH</sup> STREET MIAMI, FLORIDA 33137 TELEPHONE: (305) 754 - 5457

Friday, February 25, 2000

**Division of Corporation** Tallahassee, Fl

To Whom It May Concern:

This is to certify that we did not receive any correspondence from the State related to filing of our Annual Report for the above corporation.

We thank you in advance for your understanding and cooperation for the cancellation of the penalties.

Sincerely

Tobic Edouard

President