DI CAOM DEAD	, N. L. INICEDIATIONIC		OMBLETIMO THE		
APPLICATION FORQUE	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 1998 JAN -9 PH 12: 06		
DOCUMENT # P95000092937			SPORETARY OF STATE,		
HASTINGS COMMUNICATIONS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
1040 BAYVIEW DRIVE SUITE 520 FT-LAUDERDALE, FL 33304-2532					
If above addresses are incorrect in any way, tine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 12-7-95		
City & State	City & State		5. FEI Number 65-662 019	6 H	Applied For
Zip Country	Zip Count	Country		SB.75 Addition	al Fee required ate of Status
7. Names and Street Addresses of Each Officer and/o			3 directors)		
Title(s) and/or Directors Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box			mbers) 4	City / State / Zip	
SCREEM JOHN ANDREANA 1040 BAYLIEN DRIVE SMITE			570 FORT LA	FLDERDALF, FC	33304
Cho		Deine Suite		mocrosse, Fi	
		R		239874. /13/9801087 *1058.750\ VENT	3-1 3-025 3-025 3-025
9. Name and Address of Coursel D					
8. Name and Address of Current Registered Agent JOHN ANDREAMA 1040 BAYVIEN DKIVE SN ITE SZU FORT LANDERDALE, FL 33304		Name	Name and Address of New Not Acceptal		CRZE040 (1296)
		City		State Zip Code	
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 1-7-98					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No No 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 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: JAL COLON JOHN AND REANA 1-7-98 (954) 564-2051 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					