

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000092937

1. Corporation Name

Hastings Communications, Inc

2. Principal Office Address

2629 NE 14 ST

3. Mailing Office Address

2629 NE 14 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Ft. Lauderdale, Florida

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1995

5. FEI Number

650620196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-06

T. Roberts FEB 16 2006
CR2E081 (12/05)

FILED
06 FEB 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Lou ANDREANA

Street Address (P.O. Box Number is Not Acceptable)

2629 NE 14 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33304

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/9/06

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
P	Lou ANDREANA	2629 NE 14 ST. FNT	-FNT LND. FL 33304
TSV	Lou ANDREANA	2629 NE 14 ST.	FNT LND, FL 33304
			000066129640
			02/17/06--01018--011 **608.75

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/6
Date

(954)
592-7226
Daytime Phone #

19282

**Hastings
Communications, Inc**

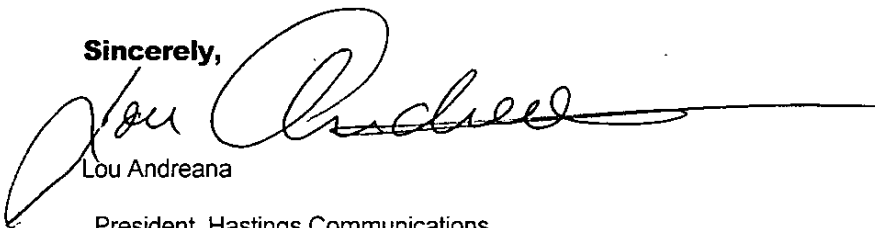
Memo

To: To whom it may concern.
From: Lou Andreana, President, Hastings Communications, Inc
Date: February 9, 2006
Re: Reinstatement fee

I would like to take this opportunity to reinstate my Florida corporation, Hastings Communications, inc to active status.

I have included a \$600 fee for covering 2003,2004,2005,2006 annual report filings.I am requesting that the additional \$600 reinstatement fee be waived as I did not receive notice in the mail for this dissolution of corporation. Thank you for your help in this matter .I just spoke with a very helpful representative from your office and she asked me to write this memo and explain why I wanted to have the \$600 fee waived for the reinstatement.

Sincerely,



Lou Andreana

President, Hastings Communications

2629 NE 14 Street

Fort Lauderdale, Florida 33304

Phone 954 592 7226 Fax 954 566 1239