PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM. FILED
DOCUMENT # POUC 1. Corporation Name POST COmmunication	CONTRACTOR DEPARTMENT OF PART Kathering Harri Decrementy of State DIVISION OF DEPARTMENT DIVISION OF DEPARTMENT OF PARTE DIVISION OF DIVISION OF DEPARTMENT DIVISION OF DIVISION OF DIVISION OF DIVISION DIVISION OF DIVISION OF DIVISION OF DIVISION DIVISION OF DIVISION O	OO JAN 27 AM 9:26 SEGRETARY OF STATE TALEAMASSEE, FLORIDA
2. Principal Office Address 11962 RACE TRACK Rd Suite, Apt. #, etc. City & State TAMDA FL Zip 3362-6 Country USA	3. Mailing Office Address 1962 RACE TRACK Rd Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country	 4. Date Incorporated or Qualified To Do Business in Florida MARCH 27, 1996 5. FEI Number 59 - 3356390 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Roger ENNIS 1000031139615 Street Address (P.O. Box Number is Not Acceptable) -02/01/0001096017 Street Address (P.O. Box Number is Not Acceptable) *****623.75 *****623.75 Street Address (P.O. Box Number is Not Acceptable) *****623.75 *****623.75 Street Address (P.O. Box Number is Not Acceptable) ******623.75 ****** Suite, Apt. #, Etc. State Zip Code City TAMPA FL 336226		
Signature of	eGISTERED AGENT MUST SIGN	biligations of section 607.0505 or 617.0503, F.S. Biline Biline
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Officers and/or Directors	Street Address of Eac Officer and/or Directo	
PRESIDENT ROJER ENNIS	11962 Race TRAC	KRd TAMPA FL 33626
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: Image: Signature shall have the same legal effect or Director or Di		

PoST Communications

11962 Race Track Road Tampa, Florida 33626 (813) 854-5776 1-800-918-7226

January 15, 2000

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

Please find enclosed my Reinstatement for Post Communications. As discussed with the examiner, I was unaware that my business was closed. I only realized after attempting to acquire a bank loan for equipment. I did not receive a notice to file the necessary documents in 1997 or my accounting service failed to file. As directed, find a check for the reinstatement of \$615 and for a certificate of status, \$8.75. I appreciate your consideration in this matter.

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Sincerely

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