


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		200002823712--9 -03/30/99--01061--025 ****900.00 -****900.00																			
<b>DOCUMENT #</b> <u>PP6000050048</u> 1. Corporation Name <b>Siete, Sales, Inc.</b>		<b>REINSTATEMENT</b> <u>9/3/99</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>April 1996</u> 5. FEI Number <u>59-3382407</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																			
Principal Place of Business <b>690 Neal Road</b> <b>Cantonment, FL 32533</b>		Mailing Address <b>690 Neal Road</b> <b>Cantonment, FL 32533</b>		If above addresses are incorrect in any way, line through incorrect information and enter correction below																			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																			
<table border="1"> <thead> <tr> <th>1 Title(s)</th> <th>2 Name of Officers and/or Directors</th> <th>3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><u>D</u></td> <td><u>Ricky N. Howell</u></td> <td><u>690 Neal Road</u> <u>Cantonment, FL 32533</u></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	<u>D</u>	<u>Ricky N. Howell</u>	<u>690 Neal Road</u> <u>Cantonment, FL 32533</u>														8. Name and Address of Current Registered Agent <u>Gary Early, CPA, P.A.</u> <u>8125 Pensacola Blvd.</u> <u>Pensacola, FL 32534</u>	
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Signature of Registered Agent <u>[Signature]</u> <b>REGISTERED AGENT MUST SIGN</b>		9. Name and Address of New Registered Agent Name <u>Ricky N. Howell</u> Street Address (P.O. Box Number is Not Acceptable) <u>690 Neal Road</u> Suite, Apt. #, Etc. City <u>Cantonment</u> State <u>FL</u> Zip Code <u>32533</u>		Date <u>1-20-99</u>																			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(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 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.		<b>SIGNATURE:</b> <u>[Signature]</u> <u>Ricky Howell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-20-99</u> (850) <u>968-0250</u> Daytime Phone #																			

CP2E081 1/2/99