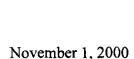
PLEASE READ ALL INSTRUCTIONS BÉFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris 00 NOV -7 PM 6: 17 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE
TALLAHASSEE, FLORIDA 9600055267 DOCUMENT # 1. Corporation Name Advanced Capital Resources 500003481045--2 -11/30/00--01036--023 2. Principal Office Address 3. Mailing Office Address ****158.75 1761 W. Hillsboro Blva. Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For Not Applicable Country อชี.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent ELVARADO BAPTISTE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code City State DEEPERIELD 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. Date Nov. 3, 2000 Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Titles Officer and/or Director 1489 Morning Crescent St. Hendercon, NV 89052 1489 Morning Crescent St. Henderson, NV E9052

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 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., 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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

Dear Ms. Katherine Harris:

Please find enclosed a check in the amount of \$158.75 for the annual fee to be applied to Advance Capitol Resources, Inc., a Florida corporation, with a Certificate of Status Request. We never received any letter or preprinted forms for the year 2000 and made contact in this regard. Subsequently, we sent the aforementioned amount for the annual fee and we understand that you never received it at all.

We are hereby requesting that all late fees be waived and that Advance Capitol Resources, Inc. is actively reinstated upon receipt of the funds enclosed. Should you have any comments or questions, please feel free to call us at our Florida office at (954)-429-8967.

Thank you,

Mark D. Bogen

Advance Capitol Resources, Inc.