PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FILED					
CORPORATION REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS			04 JUN 18 PM 2: 53		
				SECHETARY OF STATE TALLAHASSEL FLORIDA		
DOCUMENT # P96000055883			10	ALL MINGOLE, FILO	MUN	
DEFINITE DIRECTIONS, INC.			1			
Derratic Directions, Alect] 3	00038088	กวร	
: : !				06/18/0401020003 **308.75		
2. Principal Office Address	3. Mailing Office Address		REMSTATEMENT 03-04			
21022 MADRIA CIRCLE Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.					
				4. Date Incorporated or Qualified To Do Business in Florida 6/28/1996		
City & State	ATON, Horida City & State		5. FEI Number Applied For			
BOCA KATON, Horida	Zip	Country	6.	0683214	Not Applicable	
33433-2529 U.S.A			CERTIFICATE		Additional Fee required a Certificate of Status	
i	7. Name and A	ddress of Current Register	red Agent			
Name Deanna J	. BRESKY			•	_	
Street Address (P.O. Box Number is Not Acceptable) 2 1 0 2 2 MADRIA CICLE						
Suite, Apt. #, Etc.	VINDICITI	<u> </u>				
City BOCA RATION				State Zip Code		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig				FL 33433-25		
					44 CR2E081 (01/04)	
Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date 6/16/0	SRZEI CRZEI	
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpro	ofit corporations must list at le	east 3 directors)			
Titles Name of Officers and/or Directors	Name of Street Address of Officers and/or Directors Officer and/or D			City / State	/ Zip .	
P BARTON J. BRE	TKY 210:	21022 MADRIA CIRLE		BOCA LATON A 33433		
5/T DEANNA J. BRESKY 21022 HADR		2- HADRIA	Circle	Bora RATTE T	1 32433	
77	23/2/			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					for distance.	
i d						
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	solution has been eliminated names of individuals listed (l, the corporate name satisfies on this form do not qualify for	s the requirements an exemption unde	of section 607.0401 or 617.040	1, F.S., that all fees	
SIGNATURE: Mlauna,	X15 e		6/16	64 5761-47 Date Daytin	79-2204	
SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OF	FICER OR DIRECTOR	7.2	Date Daytin	ne Phone #	

DEFINITE DIRECTIONS INC.

21022 MADRIA CIRCLE BOCA RATON, FLORIDA 33433-2529 TELEPHONE: 561-479-2204 FAX: 561-488-2226

June 16, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: ANNUAL FILING FEE 2003 AND 2004

To Whom It May Concern:

Enclosed please find completed Corporation Reinstatement and check #748 in the amount of \$308.75. \$150.00 is for the year 2003 and \$150.00 is for 2004 and \$8.75 for Certificate of Status.

Please be advised that we never received a notice for either 2003 or 2004, I believe due our moving. Please note our new mailing address is:

21022 Madria Circle, Boca Raton, FL 33433-2529

Thanking you for processing this request at your earliest convenience and should you need anything additional, you can also email me @ dgolf15@excite.com.

Sincerely,

Deanna J. Bresky

Corporate Secretary

DJB/d

Enclosures: 2