
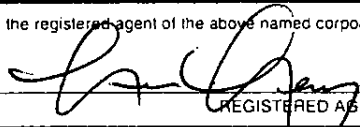
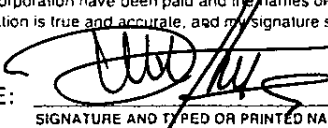


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b> <b>W04000029758</b>		<b>04 AUG 30 AM 11:51</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # P96000056311</b>					
<b>1. Corporation Name</b> Altomar					
<b>2. Principal Office Address</b> 19925 N.E. 39th Plaza			<b>3. Mailing Office Address</b> 19925 N.E. 39th Plaza		
Suite, Apt. #, etc. Apt. #202			Suite, Apt. #, etc. Apt. #202		
City & State Aventura, Fl			City & State Aventura, Fl.		
Zip 33180	Country U.S.A.	Zip 33180	Country U.S.A.	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/03/1996	
<b>5. FEI Number</b> 650696691				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name Lewis J. Levey					
Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway					
Suite, Apt. #, Etc. PH 1275					
City Coral Gables				State FL	Zip Code 33146
<b>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.</b>					
Signature of Registered Agent 				Date 8/26/94	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PTSD	Goihman, David	19925 N.E. 39th Plaza, Apt 202		Aventura, Fl 33180	
<b>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.</b>					
SIGNATURE: 		DAVID GOIHMAN 7-1504		(805) 812-5094	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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FROM-

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FILED

June 29, 2004

04 AUG 30 AM 11:51

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Reinstatement of Altomar, Inc.

To Whom It May Concern:

My name is David Goihman and I am the sole officer and director of Altomar, Inc. To the best of my knowledge, based upon the death of the corporation's prior registered agent, David Feldman, and the fact that I was traveling in Europe at the time that the 2002 Annual Report was due, I never received a copy of the Annual Report.

Enclosed is a check made payable to the Florida Department of State in the amount of \$458.75 to reinstate the corporation and to receive a Certificate of Status. Also attached is the completed Corporation Reinstatement form.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,

  
DAVID GOIHMAN

Enclosure

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