PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FL	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					DIV	ECRETA SION O		STATE ORATIONS			
DOCUMENT # P96000085293 1. Corporation Name															
ADVANCED COMPUTER, INC.															
2. Principal Office Address 3350 SW 148TH AVE					3. Mailing Office Address 3350 SW 148TH AVE					REMS	TA		EM	97	-06
SÚÍTE 110					SUITE 110					4. Date Incor				996	
MIRAMAR FL				<u> </u>	MIRAMAR FL					5. EE Numb				Арр	lied For Applicable
3302	3027 ÜSA		Ž	33027		U.S	ŜA		6. CERTIFICAT	E OF STAT	US DESIRE		dditional f Certificate	Fee required of Status	
	A1					me and A	Addres	s of Current	Register	red Agent					
i	MERRIS BODDEN														
	3350°5W148TH1AVE									02.	/02/01	601!	5072 01700	1 **	≓ 1515.00
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	МПRAMAR										State FL	<i>3</i> '3'C	ຶ່ງ27		
8. I, being	bligations of sect	lon 607.05	505 or 617	.0503, F.S.											
Signature of Registered Agent Memis Bodder										Date	01-	<u> 20-06</u>			
_				-	STERED AGE										
	and Street A	ddresses	of Each Officer	and/or I	Director (Flori	ida nonpr	-	Street Addre			1				
Titles	Officers and/or Directors				Officer and/or Direct					or City / State / Zip					
PD	MERRIS BODDE			DEN	3350 SW 148TH AVE				AVE S	SUITE 110 MIRAMAR FL 33				L 33	027
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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 contained in Chapter 119, 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: 01-20-06															
SIGNATURE: Menus Bodder Signing Officer or Director										U	-2U-	00	Daytime	Phone #	

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE 1997 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

MERRIS BODDEN
PRESIDENT