PLEASE READ	ALL INSTRUCT	TIONS BEFORE	COMPLETING THIS F	ORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE			,	9	
2000-2001		B. Mortham ary of State	FIL	ED	
UBR -		F CORPORATIONS	OI MAP 10	AM 9:53	
DOCUMENT # P9700015267			OI MAR 19 AM 9:53		
HEMISPHERIC STRATEGIES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
management, inc.					
Principal Place of Business Mailing Address			-		
1930 DOLPHIN BLVD. SOUTH ST. PETERSBURG, FLORIDA 33707 ST. PETERSBURG, FL					
SI. FEIERSDUNG, FLORIDA S	3707 ST. P	ETERSBURG, FL 3	3707 124		
If above addresses are incorrect in any way, line thro					
New Principal Office Address, If Applicable New Mailing Office Address, If		ddress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida FT:	B. 17, 1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State	City & State		65-0746069	Not Applicable	
Zip Country	Žip	Country	CERTIFICATE OF STATUS DESIRED	S3.75 Additional Resequited to a Cartificate of Status	
Names and Street Addresses of Each Officer and/o Name of Officers	r Director (Florida nonpro	offit corporations must list at lea			
Title(s) and/or Directors O		Officer and/or Director ONOT Use Post Office Box N	·	City / State / Zip	
PD GARY L. SPRINGER 1930 DOLPH		DOLPHIN BOULEV	ſ	CDUDG /Et /22707	
PD GARY L. SPRINGER ST. PETERSBURG/FL/33707					
				<u> </u>	
				312118 3 /0101065009	
			****3	UU-UU-****300.00	
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Reg	ietered Agent	
			Name PETER T. HOFSTRA, ESQ.		
CAPITAL CONNECTION,	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
417 E. VIRGINIA STRE TALLAHASSEE FL 32301		8640 SEMINOLE BOULEVARD Suite, Apt. #, Etc.			
		City SEMINOI		State Zip Code	
10. I, being appointed the registrated agent of the above named corporation, am familiar with an				FL 33772	
Signature of Registered Agent		*	Date MARC	CH 16, 2001	
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the na on this application is true and accurate, and my sign	tion has been eliminated, mes of individuals listed o	the corporate name satisfies t n this form do not qualify for a	the requirements of section 607.0401 or section 119.07(3)(i	r 617 0401 FS that all face	
SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3 14 01 727 -709 -3354					

SIGNAL RE AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Hemispheric Strategies, Inc.

Trade & Investment Consulting

Gary L. Springer, President

March 13, 2001

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

RE: Reinstatement of Hemispheric Strategies, Inc. EIN 65-0746069

To Whom It May Concern:

I recently became aware that my company, Hemispheric Strategies, Inc., had been dissolved through the action of resignation by my registered agent. When I inquired with the registered agent as to the problem, I was informed that "they had lost contact with me."

While this was an unacceptable response to my question, particularly since I was paying them in that capacity, there have been mitigating circumstances. Owing to a series of events among my clients, as well as an unexpected family move, my corporate address has changed three times in 13 months. Having not received either the 1999 or 2000 UBR either forwarded or directly in the mail, combined with my travel schedule, I overlooked the requirement to submit a report.

I am therefore enclosing completed UBR reports for 1999 and 2000, with a check in the amount of \$300.00 in compliance with the Division of Corporations requirement. I respectfully request that my company be reinstated as soon as possible.

Sincerely yours,

Gary L. Springer

President