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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PACTICAL GRAVITY, TWC.	FILED 06 CCT 27 PH 3: 30 CLORED TALLACE TALLACE
2. Principal Office Address 3. Mailing Office Address SIME Suite, Apt. #, etc. Suite, Apt. #, etc. City & State VIACAMA FOUR Zh4304 -1024 St T. Name and Address of Current Registere	4. Date Incorporated or Qualified To Do Business in Florida 5. FETNUTOET 0753123 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S.7.5 Additional Fee required for a Certificate of Status
Name STREAM BUIEL Street Address (? O Boy Ngryby is Not Acceptable) Suite, Apt. #, Stc. 4284 City City Attendary State State The above named corporation, am familiar with and accept the obligations of section 507.0505 or 617.0503, F.S. Signature of Registered Agent Millie REGISTERED AGENT MUST SIGN Street Address (? O Boy Ngryby is Not Acceptable) LUB DQ # 204 State Zip Code FL 33180 Date 10/21/06	
9. Names and Street Addrasses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
PRES MILLIE TRIVISONORY 5987 KUN	ERD MAGARA FAUS, FC. 14304-1024
	200081274802 10/27/0601026013 **450.00
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 517, F.S. is 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: SIGNATURE AND TYPEC OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #	

50%

Millie Trivisondolli 5987 Kline Road Niagara Falls, N.Y. 14304-1024 716-297-4030

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

Gentlemen,

RE: Practical Growth, Inc.
Document Number P97000024528

Attached is payment in the amount of \$450 for the current and past two filing years.

Request is made for waiver of any penalties since no filing forms were received. The prior owner moved from Boca Raton two years ago and he did not receive the 2004 forms. 1 did not receive the 2005 and 2006 forms

Thank you

Millie Trivisandalii