PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM
APPLICATI FOR REINSTATE	CORID/ DEPARTMENT OF STAT	
DOCUMENT # P97000	0071052	98 DEC 18 AMIL: 08
1. Corporation Name		
FAST FORWARD PUBLISHING	U.S., INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
353 W. 47TH ST. PHS- MIAMI BEACH FL 33140	353 W. 47TH ST. PHIFF MIAMI BEACH FL 33140	
,		
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, if Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida OOUTE 14007
Suite, Apt. #, etc.	Suite, Apt. #, etc.	00/ 10/ 1997
353 W. 47 th St. PHA	City & State	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status.
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at le	
Title(s) Name of Officers and/or Directors	Street Address of Ear Officer and/or Directs 3 (Do NOT Use Post Office Box I	ch or City / State / Zip Numbers) 4
D BURT, KEITH	353 W. 47TH ST, 胜后 P 以A	
D BURT, KERRY	353 W. 47TH ST, PHC P44 C	MIAMI BEACH FL 33140
		4000027222641 -12/24/9801083007
		*****158.80 ****150.88
8. Name and Address of Current Registered Agent S		9. Name and Address of New Registered Agent
FILINGS, INC.		(P.O. Box Number is Not Acceptable)
3732 N.Wa 16TH STREET FT. LAUDERDALE FL 33311-4132	Suite, Apt. #, Et	
	City	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)		
12. 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 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.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

December 10, 1998

Keith Burt Vice President Fast Forward Publishing US, Inc. 353 W. 47th Street PHC Miami Beach, Fl. 33140

Sandra B. Mortham Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: Document Number: P97000071052 (copy attached)

Dear Administrator,

This is the first notice we have received concerning our corporations annual fees for the State, I assume this is due to our address being changed. We have notified your office via telephone in April that our address had changed, and we were instructed to leave a recorded message with your office at that time.

This is a newly formed corporation and this will be the first filing update we have made with the State. Our new address is listed above. I am sorry for any inconvenience this may cause.

Please notify me if further information is needed.

Thank you in advance for your assistance.

Sincerely,

Keith Burt