12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -6 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061424

1. Corporation Name
OSAN COMMUNICATION, INC.

2. Principal Office Address
12320 SW 41 ST STREET
Suite, Apt. #, etc.
City & State
MIAMI
Zip 33175 Country

3. Mailing Office Address
12320 SW. 41 ST STREET
Suite, Apt. #, etc.
City & State
FLORIDA
Zip 33175 Country

4. Date Incorporated or Qualified To Do Business in Florida 07/13/98

5. FEI Number 65-0849234 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name ANTONIO CARDENAS JR.
Street Address (P.O. Box Number is Not Acceptable) 12320 SW 41ST STREET
300018461273
05/07/03 01008--025 **8.75
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33175

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.
Signature of Registered Agent Antonio Cardenas Date 4/28/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANTONIO CARDENAS JR	12320 SW 41ST STREET	MIAMI, FL 33175

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.

SIGNATURE: Antonio Cardenas 4/28/03 305-357-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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OSAN COMMUNICATIONS

April 28, 2003

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

To Whom It May Concern:

As per our conversation this morning, I am writing this letter to inform you that I Antonio Cardenas Jr. and OSAN Communication, Inc. Document # P98000061424, FEI # 65-0849234 have not receive our annual reports to file. I Antonio Cardenas Jr. Director of OSAN Communications, Inc. do hereby state that no report forms have ever reached our facilities. We have not filed our 2002 and we are now filing 2003. As per your instruction we are sending payment of $150.00 per year filing, total of $300.00 with the reinstatement form enclosed. If any further information is required please contact me directly at 305-357-6477.

Yours truly,

Antonio Cardenas Jr.
Director
OSAN Communications, Inc.