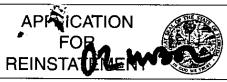
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000023905

1. Corporation Name

SPUN BRASS, INC.

Principal Place of Business

Mailing Address

1491 NORMANDY BOULEVARD **DELTONA FL 32725**

1491 NORMANDY BOULEVARD

DELTONA FL 32725



02 NOV 27 AH II: 52

SECRETARY UP STATE TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line t	hrough incorrect i	information and e	nter correction below				
			ew Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/16/1999 5. FEI Number			
Suite, Apt. #, etc. Suite								
City & Stat	9	City & State	City & State		-	59-3563289 Applied Not App		
Zip	Country	Zip	Co	ountry	6. CERTIFICATE	OF STATUS DESIRED S8.7	5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit co	rporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PSTD	AVILES, ANDRES	1491 NORMAN		ANDY BOULEVARD	E 100 Av.	DELTONA FL 32725		
٧	AVILES, ROSA	1491 NORMANDY BOULEVARD			DELTONA FL 32725			
7				<u> </u>	11/27/ B12/4	00092429: 0201083002	∋1 **150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
LEMUS, ANTONIO CPA 108 MARCIA DR ALTAMONTE SPRINGS FL 32714				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being Signature of Registered	Agent	<u> </u>	pration, am familia	(HRED	bligations of Section		, F.S.	
11.1 certify	that I am an officer or director or the rece				provided for in cha	pter 607 or 617, F.S. I further o	ertify 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.

11-25-02

Spun Brass, Inc. 1491 Normandy Boulevard Deltona, FL 32725

November 20, 2002

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

RE:

2002 Corporate Uniform Business Report

FEI#: 59-3563289

Dear Sir or Madam:

We recently received your Notice of Administrative Dissolution or Revocation. Upon receipt of this notice we realized that we had failed to file our 2002 Uniform Business Report. We had not received the original 2002 Uniform Business Report, however and were quite surprised to find a Notice of Dissolution.

We are enclosing the signed Application for Reinstatement, along with the \$150.00 Fee in hopes that you would accept it as our original 2002 Uniform Business Report.

Since the error in our failing to file the Annual Report was due to the lack of receiving the initial report, we would like to respectfully request the abatement of any penalties relating to this.

Your time and consideration regarding this matter is greatly appreciated.

Respectfully,

Andres Aviles, President

Spun Brass, Inc.