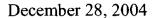
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 05 MAY 16 PH 12: 25 SECRETARY OF STATE
DOCUMENT # P990000 56667 1. Corporation Name		TALLAHASSEE, FLORIDA
FLANTASTIC, INC.		REINSTATEWIENT 04-05
2. Principal Office Address	3. Mailing Office Address	01/20/05 01022 024
840 N.E. 72 Street	Suite, Apt. #, etc.	01/20/03 010
Suite, Apr. #, etc.	- Cana, 190 11, 5151	Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number - Applied For
MIAMI, F4 Zip Country	Zip Country	6,5094012.5 Not Applicable
33138 U.S.A.	33138 U.SA.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
SMITH ALLEN J. ESQ.		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 200 BTSCASNE BLUD.,		
SUITE 2500 City State Zip Code		
MTAMT FL 33,131		
8. 1, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 3 25 05 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
Arsul E Hern	and = 840 NE 76	25+ Mami #1. 33138
AR8/20		
	.7	
		TENT DU DS
	J 11 4 3 3 9 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	04.
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 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 PR	NINTED NAME OF SIGNING OFFICER OR DIRECTOR	3 25 05 305 305 8222 Date Daytime Phone #



3

FLANTASTIC Raul E Hernandez 840 NE 72nd Street Miami, FL 33138

Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Flantastic, Inc.
Document #P9900056667

Dear Sir/Madam:

I recently received a notice of dissolution for failure to file my annual corporate return. I do not recall receiving the report, and unfortunately failed to file. Every other year I have filed in timely manner. I do apologize for the oversight. I would greatly appreciate your consideration in waiving the late fee of \$600.00. My business is small and the late fee would be a great hardship.

Lam enclosing my check for \$150.00 in the hopes that you will consider and waive the late fee and reinstate me.

Thank you for your consideration of this matter.

Sincerely,

Raul Hernandez