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	SIGNATURE AND TYPED OR PRIN	ITED NAME OF S	IGNING OFFICER OR D	DIRECTOR		Date	Daytime Phone	#	



1111 Lincoln Road, Suite 875 Miami Beach FL 33139 Tel. 305-672-9910 Fax 305-672-9945 Email info@fingersec.com http://www.fingersec.com

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION P.O.BOX 6327 TALLAHASSEE,FL 32314

Ref; Document Number P99000076095 FINGERSEC, CORP

Att: Reinstatement section

Dear Sir or Madam

The purpose of this letter is to let you know that our corporation in reference has been njustified dissolved. Enclose please find a copy of the ck # 1885 dated 4/11/00 in the mount of \$150.00 which has been cashed on 4/21/00. Since this check has been cashed is a gnal that you receipt and accepted the annual report of the corporation, beside to this fact e never receipt the original form back with the check until we receipted the administrative ssolution notice.

e ask for your cooperative spirit and common sense to resolve this problem, and write-off

you have any question, please don't hesitate to give us a call.

cerely, Schor

ident

