## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLO REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		.ED 2 PM 1:09
DOCUMENT # P99000095109  1. Corporation Name			Y OF STATE EE, FLONIDA
Advanced Digital Copy system Inc.		03/10/10/20/20/20/20/20/20/20/20/20/20/20/20/20	30.00
2. Principal Office Address 13435 SW 128 St S	ipal Office Address 3. Mailing Office Address Same		<b>**</b> 2850.00
Ste #105	, Apt. #, etc. & State	4. Date Incorporated or Qualified To Do Business in Florida	
Miami, Florda Zip	Country	5. FEI Number	✓ Applied For Not Applicable
			dditional Fee required Certificate of Status
7. Name and Address of Current Registered Agent  Name			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent Frank South Registered Agent MUST SIGN  Date 03-01-2004			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Street Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Directors			
Titles Officers and/or Directors			;ip
TID WILLIAM G. HERDOMO 13435 SW 12857-Steves Miami, FL 33186			
NP Frank Serrators	3 13435 5W1285	t-steros Miami, Fl	33186
	ST TO THE	ROTATERETO	0-04
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. if urther 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: UNIVERTED 03-01-2004			

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2000, 2001, 2002, 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY.

WILLIAM G. PERDOMO

**PRESIDENT**