

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL -7 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 718297

1. Corporation Name

The Continentals, Inc.

500057743495  
07/21/05--01025--006 \*\*61.25

2. Principal Office Address		3. Mailing Office Address	
801 S. Kettle Cir. Suite, Apt. #, etc		801 S. Kettle Cir. Suite, Apt. #, etc	
City & State		City & State	
Daytona Bch., FL		Daytona Bch., FL	
Zip	Country	Zip	Country
32114	USA	32114	USA

REINSTATEMENT 83-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For
41-2155933	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name  
Edward H. Hayes Jr.

Street Address (P.O. Box Number is Not Acceptable)  
801 South Kettle Circle

Suite, Apt. #, Etc.

City  
Daytona Beach

State  
FL

Zip Code  
32114

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent [Signature] Date 11/10/04

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
P	Edward H. Hayes, Jr.	801 S. Kettle Cir.	Daytona Bch, FL 32114
S	Leroy Reed, Jr.	616 White St.	Daytona Bch., FL 32114
T	John L. Bryan	620 Ohio Ave.	Orlando, FL 32805
D	James Lawton	600 S. Beach St.	Daytona Bch., FL 32114
D	Dr. Hiram Powell	1661 Paradise Lane	Daytona Bch., FL 32119

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)(f), 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] Date 11/10/04 386-253-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Daytime Phone #

CROSSING 01/04