

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

**CORPORATION
 REINSTATEMENT**

FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 04 FEB 27 PM 2:06

DOCUMENT # N00000008123

1. Corporation Name

2. Principal Office Address

2181 Indian Rocks Rd S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33774

Country

USA

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

59-3759298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name

Nikki M'CONNELL

Street Address (P.O. Box Number is Not Acceptable)

2181 Indian Rocks Rd S

Suite, Apt. #, Etc.

Suite 1

City

Largo

State

FL

Zip Code

33774

300030064563
 03/09/04--01027--011 **122.50
 300030064563
 03/09/04--01027--012 **175.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Nikki M'Connell

REGISTERED AGENT MUST SIGN

Date 2/9/04

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, T	George Nicholas	Cassoway Lane	Spring Hill, FL
S	Brian Ackerson	Flamingo Parkway	Spring Hill, FL

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)(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: *George Nicholas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/9/04

Daytime Phone #

CR02001 (01/00)