ETHIS EORM.

<b>04 M</b> Secre Tallar	TMENT OF STATION OF STATION OF State CORPORATIONS	Secre		PORATION STATEMENT	
		ΓΙΟΝ, INC.		JMENT # NO tion Name RANK S. SCAR	1. Corporat
ENSTA		3. Mailing Office A 200 S. BLACK	IVE	Office Address  MMODORE DR	
4. Date Incorpora		Suite, Apt. #, etc.		, etc.	Suite, Apt. #,
5. FEI Number 04-3665935	IEW JERSEY	City & State RUNNEMEDE		R, FLORIDA	City & State
6. CERTIFICATE OF	Country USA	<sup>Zip</sup> 08078	<del>/</del>	Country USA	Zip 33477
ered Agent	Address of Current Regi	7. Name a			
			ACKBURN	Name DENNIS L. BI	
50( 05/03/0		ot Acceptable) 'H	D. Box Number is N RT RD. SOUT	Street Address (P.0 5150 BELFOR	
			)	Suite, Apt. #, Etc. BUILDING 500	
1 8			. –	City JACKSONVIL	

IY -3 PM 5: 15

LTARY OF STATE TASSEEL FLORIDA

R	EINSTATEMENT				
	<b>4.</b> Date Incorporated or Qualified To Do Business in Florida 05/15/02				
	5. FEI Number	Applied For			
	04-3665935	Not Applicable			
	CERTIFICATE OF STATUS DESIRED L. 1	Iditional Fee required			

	OUN	333,3	00/1	52117111	51112 G1 G1711	00 5201125 🗀	for a Certifica	te of St
		7. Name	and Address of Curre	nt Registered Agent				Т
Name DENN	IS L. BLACKBU	IRN						
	ddress (P.O. Box Num BELFORT RD. S	ber is Not Acceptable) SOUTH				13526 -010531		
Suite, Ar	ot. #, Etc. ING 500							1.
City ACKS	SONVILLE				State F1	Zip Code 32256		1

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 Date 4/29/04  REGISTERED AGENT MUST SIGN				
9. Names	and Street Addresses of Each Officer and/or Direc	ctor (Florida nonprofit corporations must list at least 3 direc	tors)	
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D .	FRANK S. SCARPA	199 COMMODORE DRIVE	JUPITER, FL 33477	

	Officers and/or Directors	Officer and/or Director	Only / State / Zip
D	FRANK S. SCARPA	199 COMMODORE DRIVE	JUPITER, FL 33477
D	JOHN MASSANOVA	200 S. BLACKHORSE PIKE	RUNNEMEDE, NJ 08078
D	DENNIS L. BLACKBURN	5150 BELFORT RD. S. BLDG 500	JACKSONVILLE, FL 32256
<del>-, -, ,,</del>			

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:

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS E. BLACKBURN

04/29/04

Date

904-296-7713

Daytime Phone #