

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N05345*
1. Corporation Name *DON BRAUN COLUMBIAN HOME, INC. OF CRESTVIEW, FLORIDA*

REINSTATEMENT *95-05*
CR2E081 (8/05)

2. Principal Office Address <i>701 JAMES LEE BLVD</i>		3. Mailing Office Address <i>701 JAMES LEE BLVD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CRESTVIEW FL</i>		City & State <i>CRESTVIEW FL</i>	
Zip <i>32539</i>	Country <i>US</i>	Zip <i>32539</i>	Country <i>US</i>

4. Date Incorporated or Qualified To Do Business in Florida *9/25/1984*

5. FEI Number *592444210* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *ELRAY ENTERPRISES INC.*

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

Suite, Apt. #, Etc. *600062207396*

City *CRESTVIEW* State *FL* Zip Code *32539*

*12/15/05--01058--016 **848 25*

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 *[Signature]* *Elray Enterprises, Inc.* Date *12-5-05*
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
<i>PD</i>	<i>RICARDO AREVALO</i>	<i>131 WILDHORSE DRIVE</i>	<i>CRESTVIEW, FL 32536</i>
<i>VPD</i>	<i>GERALD P. PETERSON</i>	<i>3019 LASALLE COURT</i>	<i>CRESTVIEW, FL 32539</i>
<i>S</i>	<i>ROBERT C. MAKOWSKI</i>	<i>127 WINCHESTER WAY</i>	<i>CRESTVIEW, FL 32539</i>
<i>TD</i>	<i>DAVID W. MCKENZIE</i>	<i>410 RIVERCHASE BLVD</i>	<i>CRESTVIEW, FL 32539</i>

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: *[Signature]* *RICARDO AREVALO* Date *DEC 6, 2005* (850) 682-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #