

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 JUN 10 PM 3:00

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P00000080821  
 1. Corporation Name  
Wm R HORNBLOWER JR Inc.  
# C-8058

**REINSTATEMENT** 02-04

2. Principal Office Address <u>1826 CARDAMON DR.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1826 CARDAMON DR.</u> Suite, Apt. #, etc.	
City & State <u>TRINITY FL</u>		City & State <u>TRINITY FL</u>	
Zip <u>34655</u>	Country <u>PASCO</u>	Zip <u>34655</u>	Country <u>PASCO</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>10-7-98</u>	
5. FEI Number <u>59-3468162</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>William R Hornblower Jr.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1826 CARDAMON DR.</u>		<u>0000378447 FL</u>	
Suite, Apt. #, Etc.		<u>06/10/04--01042--001 **150.00</u>	
City <u>TRINITY</u>	State <u>FL</u>	Zip Code <u>34655</u>	

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] Date 6-4-04

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
<u>VICE</u>	<u>FRED J. HARTSE</u>	<u>4025 BADEN DR</u>	<u>HOLIDAY FL 34691</u>
<u>SEC.</u>	<u>VICKY STRICKLER</u>	<u>1550 PROVIDENCE LKS <sup>RD#4</sup> 119</u>	<u>BEARDON FL 33511</u>
<u>P</u>	<u>William R Hornblower Jr</u>	<u>1826 CARDAMON DR</u>	<u>TRINITY FL 34655</u>

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] Wm R Hornblower Jr Date 6-4-04 Daytime Phone # 727-492-6197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (01/04)