

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000020952**

1. Corporation Name
1560 CLEARWATER, INC.

Principal Place of Business 9975 COUNTY ROAD 470 BLUE RIDGE TX 75424	Mailing Address 9975 COUNTY ROAD 470 BLUE RIDGE TX 75424
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 02/27/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 74-2992941	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Stephanie Muedoch	9975 CR 470	Blue Ridge, TX 75424

500089155335
 11/21/02--01103--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPEARS, TONI
 1560 MCMULLEN BOOTH
 SUITE G
 CLEARWATER FL 33759

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

X *Stephanie Muedoch* SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/12/02

11. 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:

Stephanie Muedoch SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

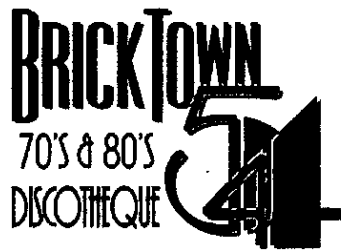
11/14/02

972-734-3600

Date

Daytime Phone #

CR2E040 (8/02)



November 4, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We did not receive our (UBR) Uniform Business Reports requesting our 2002 Annual Report. Enclosed you will find our Application For Reinstatement along with the fee of \$150.00 fee. Please contact me if you need any additional information.

Thanks in advance for your assistance,

Stephanie Murdoch
Director of Administration
972-734-3600

CORPORATE OFFICE
9975 CR 470
Blue Ridge, TX 75424