

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -3 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000024590

1. Corporation Name

1087 Beneva tower, FNC

**REINSTATEMENT** 02-03

300025185683  
12/03/03--01008--012 \*\*308.75

2. Principal Office Address  
678 Morning Dove Drive

Suite, Apt. #, etc.

3. Mailing Office Address  
678 Morning Dove Drive

Suite, Apt. #, etc.

City & State  
Sarasota, Florida

Zip Country  
34236 USA

City & State  
Sarasota, Florida

Zip Country  
34236 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/5/01

5. FEI Number Applied For  
65-1081724 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 Robert Weeks  
Street Address (P.O. Box Number is Not Acceptable)  
678 Morning Dove Drive  
Suite, Apt. #, Etc. Sarasota  
City Sarasota State FL Zip Code 34236

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 *Robert Weeks* Date 11/22/03  
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
Pres	Ronald Childs	1450 Airport Rd G363	Longmont CO. 80503
Sec	Robert Weeks	678 Morning Dove Drive	Sarasota, FL 34236

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: *Ronald Childs* Date 12/22/03 772-913-2269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)