PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



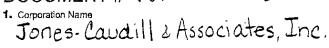
CORPORATION



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO1 9000 78053







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						20		UDN
2. Principal Office Address 3. Mailing Office Address					ss	10	002156049	3111 / 1
1250	65 Res	search Parkway	/2563	F Rese	earch Parkway	07/15/	/0301026002	**300.00
Suite, Apt.	≠, etc.	7	Suite, Apt. #, e		/			
Suite 300			Suite 300			4. Date incorporated or Qualified 70 Do Business in Florida $8/8/200/$		
Orlando, FL			City & State Orlando FL			5. FE! Number Applied For S8 - 2644429 Not Applicable		
		,	7. Na	me and A	Address of Current Register	ed Agent	•	
	Name Brian M. Caudill Street Address (P.O. Box Number is Not Acceptable) 12565 Research Parkway Suite, Apt. #. Etc. Suite 300							
	City	Orlando					State Zip Code 3282 &	
8. I, being	appointed the	e registered agent of the abov	e named corpora	ition, am i	familiar with and accept the ob	oligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered		B	GISTERED AGE	NT MUST	SIGN		Date	
9. Names	and Street A	ddresses of Each Officer and	or Director (Flori	da nonpro	ofit corporations must list at lea	st 3 directors)		End A/A and the Architecture of the Architectu
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
PT	Br	ian M. Caud		11 12565 Research Pki		wy #300	Orlando, FL 32826	
VPS D	E	d R. Jone	S	12563	5 Research Pk	wv #300	Orlando FL	32826
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			And was seen as a second			Maria		
40 Logitify	that I am an	officer or director or the receiv	er or inistee em	nowarad to	n execute this application as n	rovided for in cha	enter 607 or 617 E.S. I further of	ertify 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.

SIG	NA1	TUR	E

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





manus approximate

partners:

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Ross A. Whitley

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info@bermanhopkins.com



July 8, 2003

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

Dear Sir or Madam:

Jones-Caudill & Associates, Inc. EIN: 58-2644429

On behalf of the above-named taxpayer, we are enclosing an application for Corporation Reinstatement, along with a check in the amount of \$300 representing the annual report fee and the corporate supplemental fee for 2002 and 2003. Based on the information provided below, we respectfully request a waiver of the reinstatement fee.

The failure to file the 2002 and 2003 UBRs was due to an administrative oversight that was just recently discovered. The taxpayer did not receive a 2002 and/or 2003 UBR in the mail. The taxpayer changed its mailing address after incorporating, and we believe that these forms were mailed to an incorrect address. The taxpayer was unaware that they had missed a filing deadline until we just recently took over their account and we realized that the corporation had been administratively dissolved. Upon realizing this we took immediate steps to notify the State of the corporation's address change (see attached previously submitted letter) and to prepare the attached reinstatement application. The failure to timely file the UBRs was due to reasonable cause, and we have taken the steps to correct the situation. Based on these facts, we do not feel that they should be burdened with a \$600 reinstatement fee, and we respectfully request a waiver of this amount.

Please give us a call if you need additional information. Thank you for your understanding and assistance.

Sincerely,

Karensklergick Karen S. Gergick

cc: Brian Caudill