

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000018570

1. Corporation Name

FORMULAONE OF BRADENTON, INC.

REINSTATEMENT 3-04
700026174577
01/06/04--01062--030 **150.00

2. Principal Office Address

5927 14TH STREET WEST

Suite, Apt. #, etc.

3. Mailing Office Address

1103 GULF DR SOUTH

Suite, Apt. #, etc.

700026174577
01/06/04--01062--029 **150.00

City & State

BRADENTON, FL

City & State

BRADENTON BEACH, FL

Zip
34207

Country
USA

Zip
34217

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/02

5. FEI Number
04-3606176

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
WICKMAN & WYCKOFF, PA

Street Address (P.O. Box Number is Not Acceptable)
4909 MANATEE AVENUE WEST

Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34209

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

JRCW

Date 12-30-03

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
P, S	JOHN P CLARK	1103 GULF DR SOUTH	BRADENTON BEACH, FL 34217
VP, T	PRISCILLA R CLARK	1103 GULF DR SOUTH	BRADENTON BEACH, FL 34217

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:

Priscilla Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-03

Date


941 756 2560

Daytime Phone #

CR2E081 (10/02)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2004

DOCUMENT # P02000018570	
1. Entity Name FORMULAONE OF BRADENTON, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5927-14TH Street W	3. Mailing Address 1103 GULF DR SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

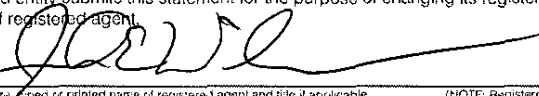
DO NOT WRITE IN THIS SPACE

City & State BRADENTON, FL	City & State BRADENTON BEACH, FL	4. FEI Number 04-3606176	Applied For <input type="checkbox"/>
Zip 34207	Country USA	Zip 34217	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent			
Name	Wickman + Wyckoff PA		
Street Address (P.O. Box Number is Not Acceptable)	4909 Manatee Ave W		
City	Bradenton	FL	Zip Code 34209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **12/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Sec. John P. Clark 1103 Gulf Dr S Bradenton Beach, FL 34217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T Priscilla R. Clark 1103 Gulf Dr S Bradenton Beach, FL 34217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **12-30-03** DAYTIME PHONE # **941-756-2560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

**FORMULAONE OF BRADENTON, INC.
1103 GULF DRIVE SOUTH
BRADENTON BEACH, FL 34217**

December 23, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

We have recently discovered that our corporate status has been dissolved due to our error of not filing our Uniform Business Report and paying the \$150 fee.

We are a new corporation which began 2/14/02. Unfortunately we did not receive your department's preprinted forms.

Under the circumstances of being a new entity and not having received the notice, we respectfully request that your department waive the fees associated with the reinstatement of our corporate status.

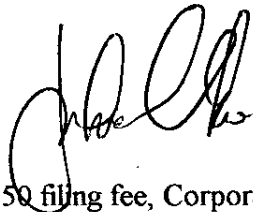
Enclosed please find our Corporate Reinstatement Form and payment of the \$150 filing fee.

Thank you very much for your consideration in this matter.

Sincerely,

FORMULAONE OF BRADENTON, INC.

John P. Clark
President



Enclosures: \$150 filing fee, Corporate Reinstatement Form