

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 2:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P33505**

1. Corporation Name
MCHENRY CONDOLIDATED HOLDINGS, INC.

Principal Place of Business 19418 OKLAHOMA WOODS ORLANDO FL 32824 US	Mailing Address 1215 PARK LAKE ST ORLANDO FL 32803 US
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REINSTATEMENT 97 (87)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1215 Park Lake ST Suite, Apt. #, etc. City & State Orlando, FL Zip 32803 Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 04/09/1991	5. FEI Number 59-3056636	Applied For Not Applicable
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	MCHENRY, BRUCE W.	13418 OKLAHOMA WOODS	ORLANDO FL
VSD	MCHENRY, PATRICK S.	13418 OKLAHOMA WOODS	ORLANDO FL
			3000002383963--9 -12/26/97--01113--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCHENRY, BRUCE W.
 1215 PARK LAKE ST.
 ORLANDO FL 32803

9. Name and Address of New Registered Agent

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

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.

Signature of Registered Agent *Bruce Mcherry*
 REGISTERED AGENT MUST SIGN

Date 12/15/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Bruce Mcherry* Bruce w Mcherry 12/15/97 (407) 846-4377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)