

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

1998 FEB 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000075563**

1. Corporation Name

APPLETON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

40 Wicklow Circle
Palm Harbor, FL 34683

Same

400002432774 -- 0

-02/17/98 -01053--010

*****900.00 *****900.00

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

10/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3276489

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
D/P	Colin Appleton	40 Wicklow Circle	Palm Harbor, FL 34683
D/S	Ann Appleton	40 Wicklow Circle	Palm Harbor, FL 34683
T	John Horak	30 Wicklow Circle	Palm Harbor, FL 34683

REINSTATEMENT

07-98
1/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JAY A. HEBERT, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

13560 49th Street North

Suite, Apt. #, Etc.

Suite 1

City

Clearwater

State

FL

Zip Code

33762

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/16/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.98

Date

913 547 9233

Daytime Phone #

CR2E040 (12/96)