

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049926
1. Corporation Name

MENTALLY STABLE, INC.

2. Principal Office Address		3. Mailing Office Address	
5745 SW 75TH STREET		5745 SW 75TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PMB 324		PMB 324	
City & State		City & State	
GAINESVILLE, FL		GAINESVILLE, FL	
Zip	Country	Zip	Country
32608	USA	32608	USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida		06/04/1998
5. FEI Number	Applied For	
59-3524430	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name		700035556727	
JANICE R. GOLD		05/06/04--01021--014 **900 00	
Street Address (P.O. Box Number is Not Acceptable)			
5745 SW 75TH STREET			
Suite, Apt. #, Etc.			
PMB 324			
City		State	Zip Code
GAINESVILLE		FL	32608

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 *X*

Date *X*

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	JANICE R. GOLD	5745 SW 75TH STREET PMB 324	GAINESVILLE, FL 32608

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: *X Janice R. Gold* JANICE R. GOLD 4/30/04 (908) 234-0895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *MW*