

JAN. 16 1998 4:10PM

COSTELLO SIMS & ROYSTON

NO. 229 P. 5/6

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT



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

98 JAN 22 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S04219

1. Corporation Name
Bob White, Inc.

Principal Place of Business	Mailing Address
16050 So. Tamiami Trail Suite #103 Fort Myers, FL 33908	12670 New Brittany Blvd. Suite 101 Fort Myers, FL 33907

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/05/1990	
City & State		City & State		6. FEI Number	
Zip		Country		65-0218945	
				Applied For	
				Not Applicable	
				5. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				SB 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers)	City / State / Zip
P/T/S	White, Robert B.	16050 So. Tamiami Trail Suite #103	Fort Myers, FL 33908
			7000002412607--3 --01/27/98--01014--008. ***900.00 ***900.00
			REINSTATEMENT 97-98
			A. Alan
			Jan. 22, 1998

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert B. White 3695 College Pkwy. Suite 312 Fort Myers, FL 33919		Name Robert D. Royston, Jr.	
		Street Address (P.O. Box Number is Not Acceptable) 12670 New Brittany Blvd.	
		Suite, Apt. #, Etc. Suite 101	
		City Fort Myers	
		State FL	
		Zip Code 33907	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: Date: 1/20/98

REGISTERED AGENT MUST SIGN

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: 1/9/98 (941) 481-8949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR