PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REIN SIA LEVENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					02 MAR 22 PM 2: 02
DOCUMENT # P98000064482 1. Corporation Name					
ABOVE ALL MANAGEMENT, INC.				· [
2. Principa	al Office Address	3. Mailing Office Addre	955		•
. 9340	SW 9th Terrace	9340 SW 9th Terrace			
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 7 / 20 / 1 009
City & State)	City & State			1/20/1990
Ocala	, Florida	Ocala, Florida			5. FEI Number Applied For 59-3576245 Not Applicable
Zip	Country	Zip	Country		6. — \$8.75 Additional Fee required
34476	Marion	34476	Marion		CERTIFICATE OF STATUS DESIRED (for a Certificate of Status
7. Name and Address of Current Registered Agent Name					
8. I, boing 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 Date 3-15-07 REGISTERED AGENT MUST SIGN					
5. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Tilles	Name of Officers and/or Directors		Street Addre Officer and/o	ss of Each or Director	City / State / Zip
D	McMinn, Steve	934(SW 9th T	errace	Ocala, Florida 34476
)D	McMinn, Kristen	9340) SW 9th T	errace	Ocala, Florida 34476
					MMM
					\$,
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #					

Daytime Phone #

Above All Management, Inc. C/o Steve & Kristen McMinn 9340 S.W. 9th Terrace Ocala, Florida 34476

Document #P98000064482 FEI Number 59-3576245

FLORIDA DEPARTMENT OF STATE Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Dear Madame,

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This letter is a request to wave the penalty fees due to the fact that we moved and did not receive the Uniform Business Report form. Please accept out apologies and reinstate Above All Management, Inc. We are sending the appropriate form along with the funds due for 2002.

Thank you for your attention to this matter. We can assure you we will be more aware of future dead lines regarding the filing of this form.

Sincerely, Steve & Kristen McMinn President