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
99 JAN 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **267366**

1. Corporation Name

K.E. MORRIS ALIGNMENT SERVICE, INC.

Principal Place of Business

~~25605 OAKS BOULEVARD~~
~~LAND O'LAKES FL 34639~~
~~3411 W. Paris St.~~
~~Tampa, FL.~~

Mailing Address

~~25605 OAKS BOULEVARD~~
~~LAND O'LAKES FL 34639~~
~~3411 W. Paris St.~~
~~Tampa, FL.~~

If above address(es) are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 3411 West Paris Street
Suite, Apt #, etc.
City & State: Tampa, FL.
Zip: 33614 Country: Hills.

3. New Mailing Office Address, If Applicable: Same as Principal
Suite, Apt #, etc.: Same as Principal
City & State: Same
Zip: Same Country: Same

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/1963

5. FEI Number: 59-1039603 — Applied For / Not Applicable

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 (Fla. non-profit 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
PST D	THOMPSON, DUDLEY M	~~25605 OAKS BLVD~~ 3411 W. Paris St ~~Tampa, Fl.~~	~~LAND O'LAKES FL~~ Tampa, Fl. 33614
~~DV~~	~~THOMPSON, DUDLEY M~~	~~25605 OAKS BLVD~~	~~LAND O'LAKES FL~~

REINSTATEMENT 9.[illegible] 99 B 2/1/99

[illegible] 02/03/99 --01032 --004
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

THOMPSON, DUDLEY M
~~25605 OAKS BLVD~~
~~LAND O'LAKES FL 34639~~

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 3411 West Paris Street
Suite, Apt #, Etc.
City: Tampa State: FL Zip Code: 33614

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: 1-26-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (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 — 1-26-99 Date — 872-8256 Daytime Phone #

CR2E040 (7/98)

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