PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORRORATION REINSTADEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE SIVISION OF CORPORATIONS OI APR 13 PM 1:29				
DOCU		# 30290							
		1 Onemicor, in							
2. Principa	al Office Addre	ess	3. Mailing Office Add	dress					
	Jpper Cr	eek Dr	<del> </del>	4040 Upper Creek Dr					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 1970			
City & State			City & State		5. FEI Number	r		Applied For	
	ty Cent		Sun City Cer	<del></del>		142101		Not Applicable	
Zip		Country	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED		ional Fee required	
33573	<del></del>	Hillsborough	33573	Hillsborough			for a Ceru	ficate of Status	
Name  Conrad C Ferlita,  Street Address (P.O. Box Number is Not Acceptable)  4040 Upper Creek Dr  Suite, Apt. #, Etc.					<del>_</del>	40004036894 2 -04/23/0101001006 *****300.00 *****300.00			
1	City	Sun_City_Cente	r			FL 33573	3 _	<b>.</b> _	
<b>8.</b> I, being Signature of Registered A	appointed the	registered agent of the abo		obligations of section	Date 4-11-2				
9. Names	and Street Ad	Idresses of Each Officer and	/or Director (Florida non	profit corporations must list at l	least 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
Pres	Conrad C Ferlita		4040	O Upper Creek Dr		Sun City Cel	iter, FL	33573	
V Pres	Pres Suzanne Stewart		4040	4040 Upper Creek Dr		Sun City Cer	nter, FL	33573	
Sec	Nancy Vaughn		4040	4040 Upper Creek Dr		Sun City Cer	fiter, FL	33573	

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.

4040 Upper Creek Dr

SIGNATURE: Comes

Treas

James Koon

Ter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sun City Center, FL

## CONIFER CHEMICAL, INC 4040 UPPER CREEK DR **SUN CITY CENTER, FL 33573**

April 11, 2001

**Division of Corporations** P.O. Box 6327 - Tallahassee, FL 32314...

Ref: FEI #: 59-1142101 •

Dear Madam or Sir:

In the year of 2000 mailings from your department were being sent to 109 W Davis Blvd which is my home address. Unfortunately I never received your mailings.

I am sending for reinstatement for this corporation at this time. I feel that I do not owe the \$600.00 reinstatement fee that you have requested. I have enclosed the amount of \$300.00 for the year of 2000 and 2001.

Please note the address of my office location and request that this address be used instead of the above mentioned.

Sincerely,

Conrad C Ferlita President