

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 20 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 325681

1. Corporation Name
DICKSON'S CARRIAGE HOUSE, INC.

2. Principal Office Address
2130 ANCIENT OAKS
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 867
Suite, Apt. #, etc.

City & State
Steinhatchee FL
Zip Country
32359 USA

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Steinhatchee FL
Zip Country
32359 USA

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12/20/02--01033--009 **750.00
REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida 1-26-1968

5. FEI Number 59-1201934
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED §§ 75 Addition of Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: WILLIAM A WALKER II
Street Address (P.O. Box Number is Not Acceptable): 250 PARK AVE S.
Suite, Apt. #, Etc.: Sixth floor
City: WINTER PARK
State: FL Zip Code: 32789

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: *[Signature]*
REGISTERED AGENT MUST SIGN
Date: December 18, 2002

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
P/D	DICKSON, Katherine A	2130 ANCIENT OAKS	Steinhatchee FL 32359
D	YOUNG, Winder A	328 Hillcrest St	Altamonte Springs FL 32714
VP/D	DICKSON, DAVID	2130 ANCIENT OAKS	Steinhatchee FL 32359

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)(d), 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: KATHERINE A DICKSON, PRES
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12-3-02 Daytime Phone #: 352-498-9213

CR2001 (8/01)