


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 344052

1. Corporation Name

AMPAM COMMERCIAL SOUTHEAST, INC.

Principal Place of Business

211 EAST BRENT LANE
PENSACOLA FL 32503

Mailing Address

211 EAST BRENT LANE
PENSACOLA FL 32503

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.		04/04/1969	
City & State		City & State		5. FEI Number	
Zip		Country		59-1266315	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NELSON, GILBERT	211 EAST BRENT LANE	PENSACOLA FL 32503
VSTD	BAGGETT, DAVID	1950 LOUIS HENNA BLVD.	ROUND ROCK TX 78664
D	CHRISTIANSON, ROBERT	1950 LOUIS HENNA BLVD.	ROUND ROCK TX 78664
P	DOUGHTY, TOM	211 EAST BRENT LANE	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 Babara A. Burke **BABARA A. BURKE**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10-15-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)



October 16, 2001

Division of Corporations
Annual Report/Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern

On October 11 I received this notice, this matter had not been taken care of simply because we had not received this information before. I called the number and spoke to a gentleman there and he informed me that I should send this letter along with payment for \$150.00, enclosed is a check and the information needed to process this application. If you should have any questions please contact me at the numbers below.

Thank You

A handwritten signature in black ink that reads "Thomas Doughty". The signature is written in a cursive, flowing style.

Thomas Doughty
President

Enclosure

TD/sr