PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 20 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 316e932

1. Corporation Name

BIG CHIEF WESTERN SYSTEMS, INC.

W96-241165

Principal Place of Business	Mailing Address
1405-1407 West 15th. Street PANAMA CITY, FLORIDA	P.O. BOX 1066 PANAMA CITY, BAY, FLORIDA 32402

900002011929--4
-11/22/96--01003--013
****783.75 ****783.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1986

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	PATRICIA MAUREEN DREW	1208 W 11th Street P.O. BOX 1066	PANAMA CITY, FL 32402
V. P.	MICHAEL RORY DREW	1208 W 11th Street P.O. BOX 1066	PANAMA CITY, FL 32402

REINSTATEMENT 11/21/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: PATRICIA MAUREEN DREW
Street Address (P.O. Box Number is Not Acceptable): 1208 West 11th. Street
Suite, Apt. #, Etc.:
City: PANAMA CITY, State: FL Zip Code: 32401

CR2E040 (96)

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: X [signature]
Patricia Maureen Drew REGISTERED AGENT MUST SIGN

Date: 10/21/1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X [signature] 10/21/96 904 785 2619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia Maureen Drew