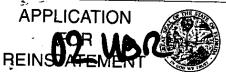
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

373116 **DOCUMENT #**

f. Corporation Name

SCHOONOVER ENTERPRISES, INC.

Principal Place of Business

5321 COMMERCIAL WAY SPRING HILL FL 34806

Mailing Address

5321 COMMERCIAL WAY

FILED

02 OCT 28 AM 10: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above	addresses are	incorrect in any way, line t	hrough incorrec	t information and	enter correction below	Ni. 02	02 CN12	005 \$150.0	
New Principal Office Address, If Applicable 3. New I				ailing Office Address, If Applicable		Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite,				#, etc.		To Do Business in Florida 11/23/1970			
City & State			City & State	City & State			5. FEI Number 59-1307676 Applied For		
Zip Country			Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Add	dresses of Each Officer and	d/or Director (E	lorida nonprofit o	ornorotione must list at l		- OF OTATOS DESIRED	for a Certificate of Status	
Title(s)				Street Address of Each Officer and/or Director			City /	State / Zip	
PD	SCHOONOVER, THOMAS			13756 CORONADO DR.			BROOKSVILLE FL		
STD	SCHOONOVER, JAMES			3037 KEEPORT DR.			BROOKSVILLE FL		
						10/28	00086369 0201126001	531 **8.75	
					(d)	141			
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
SCHOONOVER, THOMAS 13756 CORONADO DR. BROOKSVILLE FL 34613				Name			CR2E040 (8/02)		
0 I being	annointed the		<u> </u>		City State Zip Code FL n, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			1 '	
ignature of egistered A		GNAZ			UIRED	ligations of Section		5, F.S. 21, 2002	

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 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-2002 352-596-7997

Date

Daytime Phone #

Schoonover Enterprises, Inc. 5321 Commercial Way Spring Hill, FL 34606 (352)596-7997

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

October 21, 2002 Document #373116 FEI #59-1307676

To Whom it may concern:

This acknowledgement is in response to the notice of the dissolution of and revocation of Schoonover Enterprises, Inc. The annual report/ uniform business report was inadvertantly sent to the Division of Corporations along with payment in full without the required signatures. This was an oversight not intended to delay the continuation of the above said corporation.

The request for the above said signatures was never received by the above mentioned corporation nor by either of the two named officers. Thomas Schoonover and/or James Schoonover.

This is hereby an official statement and request to reinstate Schoonover Enterprises, Inc., incorporated in the State of Florida since 1970, along with the required signatures, and a copy of the cashed check, #7031 in the amount of one-hundred-fifty dollars made payable to the Division of State.

This is of the utmost importance and immediate attention concerning this smatter is warranted.

Regards,

Thomas Schoonover, President

James Schoonover, Vice-Pres.

Enclosures/ck#7031 & Required Signatures T.S., J.S./S.S.