

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 10 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 405298					
1. Corporation Name Capital Research Corporation					
Principal Place of Business 50 N Laura Street, Ste 3550 Jacksonville, FL 32202			Mailing Address SAME		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc.		3. New Mailing Address, If Applicable N/A Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/23/95	
City & State 		City & State 		5. FEI Number 59-1407734	
Zip 		Country 		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> XX \$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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Forrest Travis	50 N Laura St, Ste 3550	Jacksonville, FL 32202		
V	Victor A. Hughes	50 N Laura St, Ste 3550	Jacksonville, FL 32202		
V	Mark F. Travis	50 N Laura St, Ste 3550	Jacksonville, FL 32202		
S/T	Kimberly A. Dupont	50 N Laura St, Ste 3550	Jacksonville, FL 32202		
8. Name and Address of Current Registered Agent					
Victor A. Hughes 50 N Laura Street, Ste 3550 Jacksonville, FL 32202					
9. Name and Address of New Registered Agent					
Forrest Travis 50 N Laura Street, Ste 3550 Jacksonville, FL 32202					
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		Date 3-3-97			
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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:		Date 3.3.97 Daytime Phone # 904.350.9999			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

C22ED040 (12/95)