


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W05000027358 | |
| DOCUMENT # 484559 | | | |
| 1. Corporation Name C C ARNOLD ENTERPRISES, INC. | | | |
| 2. Principal Office Address CIRCLE 603 SW LAKE CHARLES Suite, Apt. #, etc. | | 3. Mailing Office Address SAME Suite, Apt. #, etc. | |
| City & State PORT ST LUCIE, FL | | City & State | |
| Zip 34986 | Country USA | Zip | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida 12/1/75 | | 5. FEI Number 59-7633069 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name C C ARNOLD | | | |
| Street Address (P.O. Box Number is Not Acceptable) 603 SW LAKE CHARLES CIRCLE | | | |
| Suite, Apt. #, Etc. | | | |
| City PORT ST LUCIE, FL | | State FL | Zip Code 34986 |
| 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 C C Arnold | | Date 6/9/05 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 | C C ARNOLD | CIRCLE 603 SW LAKE CHARLES | 34986 PORT ST LUCIE, FL |
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| 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)(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: C. G. ARNOLD | | Date 5-18-05 | Daytime Phone # 772-343-9760 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E081 (01/05)