PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 JAN -2 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 533894

1. Corporation Name
BRAD CULVERHOUSE ATTORNEY AT LAW CHARTERED

REINSTATEMENT 1-9-2002

2. Principal Office Address	3. Mailing Office Address
505 Beach Court	P.O. Box 4392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34950 Country: USA	Zip: 34948-4392 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1977

5. FEI Number: 591655836 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John B. Culverhouse, Sr.

Street Address (P.O. Box Number is Not Acceptable): 505 Beach Court

Suite, Apt. #, Etc.:

City: Fort Pierce State: FL Zip Code: 34950

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***1200.00 ***1200.00

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: John B. Culverhouse Sr. Date: 12/28/01
REGISTERED AGENT MUST SIGN

CR2E081 (8/00)

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	BRAD CULVERHOUSE	505 Beach Court	Fort Pierce, FL 34950

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: John B. Culverhouse President BRAD CULVERHOUSE President 12/28/01 561-465-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRAD CULVERHOUSE
ATTORNEY AT LAW
CHARTERED

CABLE ADDRESS-CULVERHOUSE

505 BEACH COURT
POST OFFICE BOX 4392
FORT PIERCE, FLORIDA 34948-4392
(561) 465-7572 FAX (561) 461-8193

FACSIMILE COVER SHEET

~~Fax Number~~: 12/28/01

Please Deliver To: Fla. Dept of State

Date Sent: Corporations Division.

Number of Pages (including cover sheet) _____

Our Client: _____

Case No.: _____

Contents: Gentlemen:

Comments: Attached please find the completed Reinstatement Form and a cashier's check for #1,200.00 for the fees.

Thank You

~~If you do not receive all pages, please call (561) 465-7572 as soon as possible.~~