PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. () () 7					
1	RPORATION ISTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED  01 SEP 18 AM 9: 53	
DOCUMENT # 538388  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Ou	tdoor Maet, li	2C.	·		
2. Princip. 3008 Suite, Apt.	el Office Address  N. Edgewood Ave. #, etc.	3. Mailing Office Address 308 N. Edgr wood Ave. Suite, Apt. #, etc.	0	17-01 UBB	
<u></u>	· · · · · · · · · · · · · · · · · · ·			porated or Qualified ness in Florida 7/01/19-7-7	
City & State	sanville, FL	Jacksonville FL	5. FEI Numbe		
Zip	Country	Zip Country	6.	Not Applicable  Section of Section 1   Not Applicable   N	
3220	5 USA	2205 USA	CERTIFICATE	of status desired for a Certificate of Status	
7. Name and Address of Current Registered Agent  Name (Y)					
	bary Garner 100004614511 5				ļ
	Street Address (P.O. Box Number is Not Acceptable)  3008 NORTH EXOCUSED AVENUE			****765.00 ****765.00	į
	Suite, Apt. #, Etc.				i
	Jacksonville			State Zip Code FL 32205	
8. I, being appointed the registered agent of the above named corporation, em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 9-14-01					
Signature of Registered Agent Cary S Cary 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	Gary Garner	5736 Tanakwasa	Lane	Jacksonrille, £232211=	
VP	Greg Garner	2 3008 N Edgewood	d Ave.	Jacksonville FL 32205	
2	Sue Gaere	e 5736 Tanglewood	Lane	Jacksanville PL32211	
				A.A.	
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 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 ceth.					

SIGNATURE:X\_

and the first

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September 12, 2001

object 2

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

> RE: Corporate Reinstatement Outdoor Mart, Inc. EIN #59-1759757

To Whom It May Concern:

As per a discussion with the Department of State, a Corporate Reinstatement form and a check for \$765 is attached. As our office never received a notice from the Department of State, I would like to request that the late fees of \$585 be waved.

Sincerely,

Cary Ebarner Gary Garner