## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				FLOR		PART cretary	of Sta	ate	STATE					16 PI TAFAY O				
1. Corporat	JMENT ition Name NEER, IN		61	4	13	9					RE	ins	TA	16	WE	VT_	<u>ئ</u>	Z -0`	4
2. Principal Office Address 1235 COMMONS COURT				3. Mailing Office Address c/o RICHARD J. BUSHONG						<b>700030501957</b> 03/16/0401009023 **450,00							.00	†	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 25900 SAN RAFAEL COURT					4. Date Incorporated or Qualified To Do Business in Florida 1979							7			
City & State . CLERMONT FL				City & State HOWEY IN THE HILLS FL						<b>5.</b> FEI Number Applied For 59-1940886 Not Applied									
Zip 34711	Country		Zip 34737			Countr	y		6. CER	TIFICATE	TE OF STATUS DESIRED S8.75 Additional F					ee requi	red		
						7. Nam	e and Ac	idress c	of Currer	nt Register	ed Agent					_			
	Name RICHAR	RD J. E	BUSHO	NG						· ·				<del></del>					
	Street Address (P.O. Box Number is Not Acceptable) 25900 SAN RAFAEL COURT																		
	Suite, Apt. #, Etc.																		
	City HOWEY IN THE HILLS										State	Zip Co 3473							
8. I, being Signature of Registered		register	ed ageny o	L.	1	Corporati	7 7-11h	M	ith and a	cept the o	bligations	of section		05 or 617					CR2E081 (01/04
9. Names	and Street Ac	dresses	of Each C	fficer and	d/or Direct	or (Florida	nonprof	it corpo	nions m	ust list at le	ast 3 dire	ctors)							1
Titles	Name of Officers and/or Directors				Street Address Officer and/or									City / State / Zip					
DP	BUSHONG, RICHARD J.			25900 SAN RAFAEL CO					L COU	JRT HOWEY IN THE H					LLS F	FL	34737		
DT	BUSHONG, REBECCA A.				25900 SAN RAFAEL CO					L COU	JRT HOWEY IN THE HII					LLS I	FL	34737	_
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						<del>-   -</del>					<u>-</u>								-}
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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 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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #																			

## Arch-Neer, Inc. 1235 Commons Court Clermont, FL 34711

Telephone (352) 243-8035

Fax (352) 243-8045

March 12, 2004

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

Re:

Arch-Neer, Inc. - Reinstatement

Fed ID # 59-1940886

To Whom It May Concern:

Enclosed please find our completed Corporate Reinstatement Form and our check # 08750 in the amount of \$ 450.00 to reinstate and bring to current (through 2004) our Florida Corporate Annual Reports.

As per our-conversation with you office on March 11, 2004, all penalties have been waived and the \$ 450.00 fee will bring us current through 2004. (Our company relocated and we did not receive renewal forms for 2002, 2003 or 2004.)

Thank you in advance for your prompt attention regarding this matter.

Cordially,

Arch-Neer, Inc.

Richard J. Bushong

President

**Enclosures**