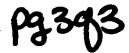
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA OF CORPORATIONS 01 JUN 29 PM 1: 26 DOCUMENT #74 1. Corporation Name nnn004481540 2. Principal Office Address 3. Mailing Office Address -07/17/01--01089 ara S. \*\*\*\*306.25 arme 4. Date Incorporated or Qualified To Do Business in Florida City 5. FEI Number Applied For 59-Country Zip CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name 000004481640 029Street Address (P.O. Box Number is Not Acceptable) \*\*\*\*\*8.75 \*8.75 Suite, Apt. #, Etc. City Zip Code State 8. I, being appointed the registered agent of the above named cosporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of unen Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director BIV War 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)(f), 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 cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Clara S. Farmer

P.O. Box 682525 Orlando, FL 32818 321-263-0232

June 21, 2001

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

Dear Sir or Madam:

I am writing to inform you that I did not and have not received a letter stating that my corporation was dissolved. I was informed of the dissolution during a conversation with a representative from the Division of Corporations on Tuesday, June 20, 2001.

This letter is in response to that conversation. I have also enclosed an application of reinstatement. If there are further requirements, you may contact me at the address or phone number listed above

Sincerely,

Clara Farmer

Noter Public

Signature of Applicant

Date

Date

Melanie J Westfield

My Commission CC263348

Expires July 09, 2004