

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 22 PM 3:22

DOCUMENT # F53317

1. Corporation Name  
R. O. PRIEST, INC.

2. Principal Office Address  
1030 S. Federal Hwy.

3. Mailing Office Address  
same

Suite, Apt. #, etc.  
Suite 116

Suite, Apt. #, etc.

City & State  
Delray Beach, FL

City & State

Zip Country  
33483 USA

Zip Country

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 11/9/81

5. FEI Number 59-2221012 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  
R. O. PRIEST  
Street Address (P.O. Box Number is Not Acceptable)  
1030 South Federal Highway  
Suite, Apt. #, Etc.  
Suite 116  
City  
Delray Beach

300003514459-2  
-12/27/00--01063--007  
\*\*\*\*750.00 \*\*\*\*750.00

State Zip Code  
FL 33483

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 X *R O Priest*

Date X 11/22/00

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/S	R. O. PRIEST	13487 Barwick Road	Delray Beach, FL 33445
VP/D	CAROL J. PRIEST	13487 Barwick Road	Delray Beach, FL 33445
T	CAROL JEAN PRIEST	10694 Denoeu Road	Boynton Beach, FL 33437

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: X *R O Priest*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/22/00  
Date

561/272-3636  
Daytime Phone #

CR2E081 (9/99)