

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 DEC 15 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001093**

1. Corporation Name  
**Warrior Energy Group, Inc.**

2. Principal Office Address  
**3505 TARPON WOODS BLVD.**

3. Mailing Office Address  
**3505 TARPON WOODS BLVD.**

Suite, Apt. #, etc.  
**N-404**

Suite, Apt. #, etc.  
**N-404**

City & State  
**PALM HARBOR, FLORIDA**

City & State  
**PALM HARBOR, FLORIDA**

Zip  
**34685**

Country  
**USA**

Zip  
**34685**

Country  
**USA**

05-11-99 90048 036 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida  
**MARCH 3, 1997**

5. FEI Number  
**64-0877589**

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  
**JAMES F. RONSPIES** **500003504505--8**

Street Address (P.O. Box Number is Not Acceptable)  
**3505 TARPON WOODS BLVD.** **-12/18/00--01136--003**  
**\*\*\*\*758.75 \*\*\*\*758.75**

Suite, Apt. #, Etc.  
**N-404**

City  
**PALM HARBOR**

State  
**FL**

Zip Code  
**34685**

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

Date **11/16/2000**

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
PRES. DIRECTOR	<b>AUGREY G. SHOCHANE, SR.</b>	<b>12268 INTERPLEX PARKWAY.</b>	<b>GULFPORT, MISSISSIPPI 39503</b>
Vice-PRES DIRECTOR	<b>HELANIG W. SHOCHANE</b>	<b>12268 INTERPLEX PARKWAY</b>	<b>GULFPORT, MISSISSIPPI 39503</b>
SECRETARY TREASURER DIRECTOR	<b>JAMES F. RONSPIES</b>	<b>3505 TARPON WOODS BLVD. N-404 PALM HARBOR, FLORIDA 34685</b>	<b>PALM HARBOR, FLORIDA 34685</b>
<b>REINSTATEMENT 99-00</b>			
			<b>T. LEWIS DEC 18 2000</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES F. RONSPIES**

Date

**11/16/2000**

Daytime Phone #

**(927) 441-1122**

CR2E081 (9/99)