

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 02 MAR 20 PM 3:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000003498

1. Corporation Name
FAIRWAY STUBS, INC.

500005254915--6
 -04/11/02--01071--017
 ***1058.75 ***1058.75

2. Principal Office Address 535 SHERIDAN AV		3. Mailing Office Address 535 SHERIDAN AV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KENILWORTH N.J.		City & State KENILWORTH, N.J.	
Zip 07033	Country USA	Zip 07033	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/07/1997	
5. FEI Number 52-2033023	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
RICHARD J. YOUNKINS

Street Address (P.O. Box Number is Not Acceptable)
3255 KRAMER LANE REINSTATEMENT 00-0478

Suite, Apt. #, Etc.

City
MALABAR

State
FL

Zip Code
32950

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

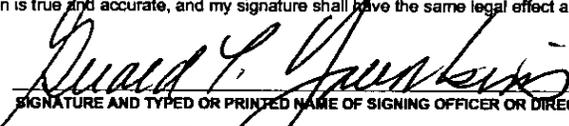

REGISTERED AGENT MUST SIGN

Date
3/25/02

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.	GERALD L. YOUNKINS	535 SHERIDAN AV.	KENILWORTH, N.J. 07033
V.P.	RICHARD J. YOUNKINS	3255 KRAMER LANE	MALABAR, FL 32950
V.P.	JOELLEN MORRIS	7 AMARYLLIS LANE	LUMBERTON, N.J. 08408
V.P.	KARIN KELLAM	318 THUNDER CIRCLE	BENSALEM, PA 19020

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

Date
3/25/02

Daytime Phone #
908-931-1389

CR2E001 (9/01)