

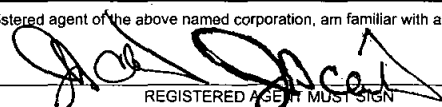
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F99000006766			
<b>1. Corporation Name</b> GATEHOUSE EQUITY MANAGEMENT, INC.			
<b>2. Principal Office Address</b> 111 S. Washington		<b>3. Mailing Office Address</b> 111 S. Washington	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brownsville, TN		City & State Brownsville, TN	
Zip 38012	Country USA	Zip 38012	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2000		<b>5. FEI Number</b> 62-1539179	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
<b>\$8.75 Additional Fee required for a Certificate of Status</b>			

FILED  
01 AUG 27 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>7. Name and Address of Current Registered Agent</b>	
Name J.D. Clinton	300004563763-1
Street Address (P.O. Box Number is Not Acceptable) 400 5th Avenue.	-08/30/01--01031--08/5
Suite, Apt. #, Etc. Suite #205	****300.00 ****300.00
City Naples, FL 34102	State FL Zip Code

<b>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.</b>	
Signature of Registered Agent 	Date 7/31/01
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Dan Jackson	111 S. Washington	Brownsville, TN. 38012
Director	J.D. Clinton	111 S. Washington	Brownsville, TN. 38012

06-01 UBR TS

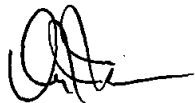
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies 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.</b>	
SIGNATURE: Dan Jackson	7/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	731-780-3258
Date	Daytime Phone #

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Gatehouse Equity Management Corp.  
Document #F99000006766  
400 5<sup>th</sup> Ave. South  
Suite 205  
Naples, Fl. 34102

July 31, 2002

After receiving your letter dated June 25, 2001 we found that the General Partner was administratively dissolved. In calling your office we determined that we never received the proper forms for the annual report filing fee for the state of Florida. Therefore, we have filled out the reinstatement form and are asking that you waive the \$900.00 fee. Enclosed is a check for \$300.00 per your department.



Dan Jackson  
President  
(731)780-3258