

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



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

FILED

00 OCT 30 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G82753**

1. Corporation Name

TREADWAY INDUSTRIES, INC.

Principal Place of Business

Mailing Address

111 WEBER AVE.
~~P.O. BOX 482408~~
LEESBURG FL 34749-9408

111 WEBER AVE.
~~P.O. BOX 482408~~
LEESBURG FL 34749-9408



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

111 WEBER AVE

3. New Mailing Office Address, If Applicable

111 WEBER AVE

4. Date Incorporated or Qualified To Do Business in Florida

01/30/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2393444

Applied For

Not Applicable

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip 34748 Country USA

Zip 34748 Country USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	TREADWAY, DIXIE S.	607 LAKE SHORE DR.	LEESBURG FL
CEO	TREADWAY, JOHN	1000 BOYLSTON ST.	LEESBURG FL
V	KIRBY, LISSA T.	RT. 1, BOX 114-A	WHITE BLUFF TN
V	TREADWAY, THOMAS A.	607 LAKE SHORE DR	LEESBURG FL
			500003472915--7 -11/21/00--01076--016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TREADWAY, DIXIE S
607 LAKE SHORE DR
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name TS

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Dixie S. Treadway

Date

10-25-00

REGISTERED AGENT MUST SIGN

11. 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:

John Treadway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

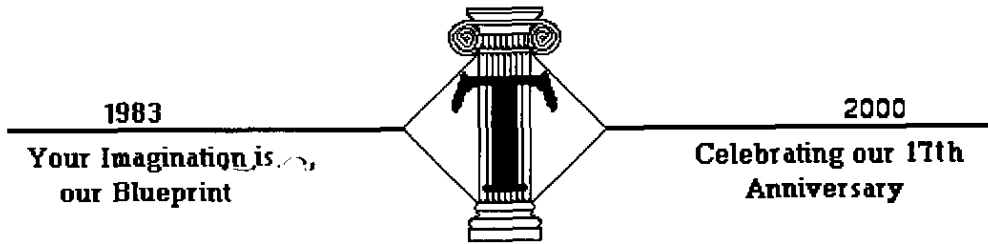
Date

10-25-00

Daytime Phone #

CR2E040 (8/00)

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TREADWAY INDUSTRIES

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL 32314

DEAR SIRs,

OCTOBER 25, 2000

ENCLOSED PLEASE FIND OUR CORPORATION ANNUAL REPORT FORM AND OUR CHECK IN THE AMOUNT OF \$150.00. WHEN I CALLED ABOUT THIS REPORT, INDICATING WE NEVER RECEIVED THE FORM EARLIER THIS YEAR, BECAUSE YOU WERE USING A POST OFFICE BOX FOR OUR MAILING ADDRESS, WHICH HAS PREVIOUSLY BEEN CLOSED, I WAS INSTRUCTED TO SEND A LETTER TO THAT EFFECT WITH THE COMPLETED FORM AND PAYMENT, AND THAT THE PENALTY WOULD NOT BE DUE SINCE WE DID NOT RECEIVE THE FORM.

THANK YOU.

Dixie S Treadway

DIXIE S. TREADWAY