

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 02 DEC 19 PM 12:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 01-02 437 H17839					
1. Corporation Name Limbo of Stuart, Inc.					
2. Principal Office Address 200 N.W. Alice Avenue			3. Mailing Office Address 200 N.W. Alice Avenue		
Suite, Apt. #, etc. SUITE 200			Suite, Apt. #, etc.		
City & State Stuart, FL			City & State Stuart, FL		
Zip 34994	Country USA	Zip 34994	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 1984	
5. FEI Number 592442297				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					
7. Name and Address of Current Registered Agent					
Name James Sopko					
Street Address (P.O. Box Number is Not Acceptable) 853 S.E. Monterey Commons Boulevard					
Suite, Apt. #, Etc.					
City Stuart				State FL	Zip Code 34995
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 <i>James Sopko</i> Date <u>12/13/02</u> 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	
PD	Dawson D. Glover III	200 Alice Avenue		Stuart, FL 34994	
D	Charlotte Glover	200 Alice Avenue		Stuart FL 34994	
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: <i>[Signature]</i> Date <u>12/13/02</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E081 (9/01)

Page 1 of 1

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December 16, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Limbo of Stuart, Inc.

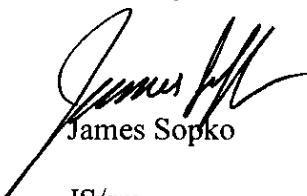
Dear Sir or Madam:

This letter is to inform the Department that a 2001 Uniform Business Report was not received by this office for Limbo of Stuart, Inc. As such, we respectfully request the Department waive any penalty for fees relating to the reinstatement of the above captioned business.

Enclosed is a completed request for Corporate Reinstatement and check payable to the Department of State in the amount of \$308.75 for reinstatement and also a certified copy of the status certificate.

Thank you for your consideration in this matter.

Sincerely,


James Sopko

JS/rm

Enclosures