

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAY -6 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H22282 1. Corporation Name KATHLEEN C. HARLLEE, INC.					
2. Principal Office Address 7307 18TH AVE N.W. Suite, Apt. #, etc.		3. Mailing Office Address 7307 18TH AVE N.W. Suite, Apt. #, etc.		REINSTATEMENT 03-04	
City & State BRADENTON		City & State BRADENTON			
Zip 34209	Country USA	Zip 34209	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/24/1984		5. FEI Number 59-1974946			
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name KATHLEEN C HARLLEE					
Street Address (P.O. Box Number is Not Acceptable) 7307 18TH AVE N.W. 300035559243 Suite, Apt. #, Etc. 05/06/04--01023--011 **900 00					
City BRADENTON				State FL	Zip Code 34209
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 <u>Kathleen C. Harlee</u> Date <u>4-30-04</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		
P	KATHLEEN C. HARLLEE	7307 18TH AVE N.W.	BRADENTON, FL 34209		
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: <u>Kathleen C. Harlee</u> Date <u>4-30-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					