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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> H22477		
<b>1. Corporation Name</b> Ashlock Decatur Corporation 170 North Goldenrod Rd. Orlando, FL 32807		

<b>2. Principal Office Address</b> 170 North Goldenrod Rd.		<b>3. Mailing Office Address</b> 170 N. Goldenrod Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL 32807		City & State Orlando, FL 32807	
Zip 32807	Country USA	Zip 32807	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>9/24/84</b> <b>5. FEI Number</b> 592448081 <span style="float: right;">Applied For Not Applicable</span> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <span style="float: right;">\$8.75 Additional Fee required for a Certificate of Status</span>			

<b>7. Name and Address of Current Registered Agent</b> Name Alan A. Ashlock Street Address (P.O. Box Number is Not Acceptable) 269 Robinsong Rd. Suite, Apt. #, Etc. City Chuluota			
		State FL	Zip Code 32766

<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 <u>Alan A. Ashlock</u> <span style="float: right;">Date 8/29/02</span> REGISTERED AGENT MUST SIGN		
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<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
CP	Alan A. Ashlock	269 Robinsong Rd.	Chuluota, FL 32766
CVP	Barbara A. Boyd	2751 Lk. Pickett Place	Chuluota, FL 32766

<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>			
<b>SIGNATURE:</b> <u>Barbara A. Boyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Date</b> 8/29/02	<b>Daytime Phone #</b> 813-924-4321