PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** FILED cretary of State REINSTATEMEN DIVISION OF CORPORATIONS 02 OCT 31 PH 5: 43 H73485 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA TENAÑT CHECK, INC. Principal Place of Business Mailing Address 1850 VICTORIA AVE. FT_MYERS-FL_33901 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, L'Applicable 4. Date Incorporated or Qualified 55 47 To Do Business in Florida 08/27/1985 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2691482 City & State Not Applicable ONAL 6. \$8.75 Additional Fee required for a Certificate of Status Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **PTSD** TAYLOR, GINA 811 SE 47TH ST CAPE CORAL FL 33904 **8000008725668** 10/31/02--01051--004 **15 ess of Current Registered Agent 8. Name and 9. Name and Address of New Registered Agent Name TAYLOR, GINA Street Address (P.O. Box Number is Not Acceptable) 811 SE 47TH ST CAPE CORAL FL 33904 Suite, Apt. #, Etc. City Zip Code 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. or 617.0505, F.S. Signature of Registered Agen

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.

URE: SIGNATURE REQUESTATION

OCT 28 2002 945-04A

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Tenant Check, Inc.

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Thank you

Tenant Check, Inc. 811 SE 47th St. Cape Coral, Florida 33904

New APDRESS

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1850 Victoria Avenue Fort Myers, Florida 33901

Telephone: (941) 332-7999 Fax: (941) 337-3376