

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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REINSTATEMENT 01-02

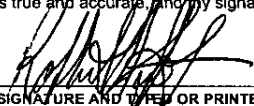
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H92231			
1. Corporation Name ABBOTT CITRUS LADDERS, INC.			
2. Principal Office Address 4060 SR 62 Suite, Apt. #, etc.		3. Mailing Office Address 4060 SR 62 Suite, Apt. #, etc.	
City & State Bowling Green, FL 33834		City & State Bowling Green, FL 33834	
Zip 33834	Country USA	Zip 33834	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/31/85	
5. FEI Number 592637543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Robert C. Abbott		
Street Address (P.O. Box Number is Not Acceptable) Route 1, Box 160-C Suite, Apt. #, Etc.		
City Bowling Green	State FL	Zip Code 33834

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 	Date 03/11/02
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
PS/D	Robert C. Abbott	4060 SR 62	Bowling Green, FL 33834

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)(l), 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: 	Date 03/11/02
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E081 (9/01)