


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 17 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION RESTATEMENT 89-02				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J36800					
1. Corporation Name Alliance Investment Company of Chiefland Inc.					
2. Principal Office Address 2727 Ulmerton Road			3. Mailing Office Address Same		
Suite, Apt. #, etc. Suite 330			Suite, Apt. #, etc.		
City & State Clearwater, FL			City & State		
Zip 33762	Country USA	Zip	Country		

4. Date Incorporated or Qualified To Do Business in Florida 10/03/1996	
5. FEI Number 03 0412120	Applied For <input type="checkbox"/> Not Applicable
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 William Z. Geiger	
Street Address (P.O. Box Number is Not Acceptable) 2727 Ulmerton Road	
Suite, Apt. #, Etc. 350	
City Clearwater	State FL
Zip Code 33762	

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

[Signature]

Date 5-18-02

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
P, VTS	Joseph Corbin	2727 Ulmerton Road 330	Clearwater, FL 33762

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:

[Signature]

Joseph Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)