PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE	***************************************
CORPORATION	Katherine Harris	Eu ==
REINSTATEMENT	Secretary of State	FILED
OOD WE IT		01 JAN 22 PM 2: 41
DOCUMENT# J96	.557	SECRETARY OF STATE TALLAHASSEE FLORIDA
	relopment 160a	TALLAHASSEE FLORIDA
21000	7 1,000	,
2. Principal Office Address 221 Arerway	3. Mailing Office Address 221 Riverway D	REINSTATEMENT 1007-2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
	Vero Beach, FL	4. Date Incorporated or Qualified To Do Business in Florida /0/5/1987
City & grate Prach	City & State	5. FEI Number Applied For
Zip Country	Zip Country	65 - 016 3 56 Not Applicable
FL 32963	32963 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name •	Tichard Br	umberger
Street Address (P.O. Box Number is N	ot Acceptable)	rugay Dr
Suite, Apt. #, Etc	762-	
City	Vero Usla	State Zip Code
		FL 32967
	ove named corporation, am familiar with and accept the of	oligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent		Date 1/19/2001
	EGISTERED AGENT MUST SIGN	The state of the s
Name of	d/or Director (Florida nonprofit corporations must list at les Street Address of Each	
Titles Officers and/or Directors		City / State / Zip
P/T Lichard Drum	berger 221 Siveri	pay Dr V-ero Beach FL32863
VP Touce Brumt	verger 22/ Circre	van Dr Vero Board FL 32963
		0000036321404
1		-02/05/0101016009
•	}	
		KE
10 Logify that I am an officer or director or the reco	iver or trustee empowered to execute this application as	voyided for in chapter 607 or 617 E.S. I further and its that when file-
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: My pres Lichard Brumbrevger 1/19/2001 231-354		
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