

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED *WJ*

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1997 MAY -8 PM 12: 56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *K69500*
 1. Corporation Name
Lee McCullough, Inc

100002180351--4
 -05/15/97--01103--015
 ****365.00 ****365.00

Principal Place of Business Mailing Address
609 NW 4th Ave PO Box 909
Ocala FL 34475 Ocala FL 34478

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, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
In business in FL since 1977
 5. FEI Number
59-2951500
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>PRES</i>	<i>Lee B. McCullough</i>	<i>10320 SW 71st Ct.</i>	<i>Ocala FL 34476</i>
<i>SECRETREAS</i>	<i>Jean M. McCullough</i>	<i>10320 SW 71st Ct</i>	<i>Ocala FL 34476</i>

8. Name and Address of Current Registered Agent
Lee B. McCullough
10320 SW 71st Ct Ocala FL
34476

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.
 Signature of Registered Agent *[Signature]* Date *4/28/97*
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* RESIDENT *4/28/97* (352) 351-0755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

pg 2 of 2

McCullough

BOTTLED WATER SERVICE

5/6/97

FLORIDA DEPT. of STATE,

The reason that we failed to file our corporation renewal is that the application was mailed to an address that we have never received mail at. Per my conversation with TREVOR I have enclosed the check for \$365.00 along with the application. We will be sure to file next year. Please, send the application to the PO 909 Ocala, FL, 34478.

Thanks,
Rae McCullough