PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		and the same
CORPORATION REINSTAYEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 JAN 25 PM 2: 28
DOCUMENT# 1. Corporation Name Three B	oys, Thc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 501 N. Feedow BLI Suite, Apt. #, etc.	3. Mailing Office Address 501 N Feedow BLV d Suite, Apt. #, etc.	
City & State CRestvew, FL	City & State RECRESTVIEW, FU	4. Date Incorporated or Qualified To Do Business in Florida 4/17/1989 5. FEI Number Applied For Not Applicable
Zip 32534 Country OKGLODSA	Zip Country 32534 OKALOSA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name -02/09/0101100010 ****600.00 *****600.00 Street Address (P.O. Box Number is Not Acceptable) Sol N- Feeden Blyd PERS ATEMENT DO-0, 18 Suite, Apt. #, Etc.		
City CRESTIV	lew.	State Zip Code FL Zip Code
8. 1, 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. Signal are of Registered Agent REGISTERED AGENT MUST SIGN ****300.00 *****300.00		
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	
P WILLIAM A. BARNHILL 5847 BUCK WARD Rd. BAKER, FL 32835		
V James Robert Mc	Cau 815 INDIANTA	AIL DESTIN, PL 3254
ST James Kenneth	DUKES TN.E. RAKETRAK	RL Ff. Whiten Bd, Pl 3254
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: WILLIAM 1- BACKHILL 1/23/0/ C82-6/99' SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DRESS DENT Date Daytime Phone #		