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-- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	Ņ
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 17 AM 10: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT	#K93229
1. Corporation Name	10001

Floridian Club Estates, Inc.

2. Principal Office Address 6400 S. Bell Suite, Apt. #, etc. 3108 City & State Amarillo, TX		Suite, Apt. #, etc. 3108 4. Date Incorporated			
				Date Incorporated or Qualified To Do Business in Florida	6/5/ \$ 9
		City & State Amarillo,	TX	5. FEI Number 75 – 2283066	Applied For Not Applicable
Zip 7	91091 CountySA	^{Zip} 79109	Country USA		\$8.75 Additional Fee require for a Certificate of Status
		7. Name and	Address of Current R	egistered Agent	
	Name Arthur Shu	ltz		1000044	16841 - 6
Street Address (P.O. Box Number is Not Acceptable) 964 S.W. 35th Lane			-06/13/01 ***1050.	01009- D 10 00 ***10 50. 00	
	Suite, Apt. #, Etc.				
	Cit.			Circle 7:- Crid	

8.	, being appointed the registered	agent of the above named co	orporation, am familiar with and acc	cept the obligations of section 607.0505 or 6	17.0503, F.S.
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Signature of Registered Agent

0cala

REGISTERED AGENT MUST SIGN

34474

FL

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

Name of

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Joe Park	6400 S. Bell #3108	Amarillo, TX 79109
D	Patricia Shultz	6400 S. Bell #3108	Amarillo, TX 79109
			900.00 Adm
			61.25-AC
	1		4 1

Street Address of Each

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 filling 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE Park. President

806-351-8439

Daytime Phone #