PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS AFOR OLVED

	T EEAGE HEAD?	CEE INSTITUTE TO THE BE	TOTAL OUT	WII EETII (G TIT	AND	
COF REIN	RPORATION STATE SENT	FLORIDA OF PATMENT OF Kr. h. ris e Harris Sec s ary of State Division of Corporations			FILED NOV -7 PM 2	
DOCU 1. Corpora	JMENT # 22708			SI TAI	ecretary of st Lahassee, flo	ate Rida
HARTLEY & SONS GNC.						
2. Principa	Gery Hertley	3. Mailing Office Address P. O. By 325				
Suite, Apt. #	ONETSAST	Suite, Apt. #, etc.	4.	Date Incorporated or Qu To Do Business in Florid		 S{ \d
City & State	11:sta K	City & Stails / / Star F		FEI Number 397	5074	Applied For Not Applicable
326	56 LISA	32696 LESTA	6.	CERTIFICATE OF STATUS (DESIRED ====================================	
-	7. Name and Address of Current Registered Agent Name CCC HARTLEY Street Address (P.O. Box Number is Not Acceptable) 17770 NE 75451 Suite, Apt. #, Etc. 7. Name and Address of Current Registered Agent 90003465369 -11/15/00-01121-01 ****158.75 ****158.					
·	city Willist			State FL	35-656	
8. I, being Signature of Registered	Agent / OVUL	e named corporation, am familiar with and	accept the obligat	tions of section 607.0505 Date/	or 617.0503, F.S.	<i>DO</i>
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		dress of Each nd/or Director		City / State / Zip	<u> </u>
Pres	Gary HarAI	4 17770 NB	17770 NE75h 17		lich Fr	12696
		,	. Au			LS
this rei	that I am an officer or director or the receinstatement application, the reason for dissolve the corporation have been paid and the rapplication is true and accurate, and my significant of the corporation is true and accurate.	olution has been eliminated, the corporate r ames of individuals listed on this form do n	name satisfies the ot qualify for an ex	requirements of section 60 kemption under section 11 h.)7.0401 or 617.0401, É.S 9.07(3)(i), F.S. The inforr	S., that all fees nation indicated
SIGNA	TURE: SIGNATURE AND PYPED OR PRII	ITED NAME OF SIGNING OFFICER OR DIRECT	TOR	//- 0 - 0 Date	U 3523/	65452 one #

Atlachment P980000 71496 11-7-00

Thease Waire ther fees of reinstatement on my Corporation as I did not seclive the Original UBR fam. I have had many problems with the post office deliveing my Mail.

Say that I'm