

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 JAN 12 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L27626*

1. Corporation Name

EARTHBASE, INC

Principal Place of Business

Mailing Address (*same*)

*9207 VINELAND RD, SUITE M-11
ORLANDO, FL 32811*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *010-98*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Nov 6, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2980945

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PRES</i>	<i>JAMES W. BELCHER</i>	<i>6712 NINA ROSA DR</i>	<i>ORLANDO FL 32819</i> <i>11298</i>

000002398720--9
-01/13/98--01067--020
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*SALLY LORENZ
8563 POMELO TREE LN.
ORLANDO FL 32836*

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sally Lorenz
REGISTERED AGENT MUST SIGN

Date

1/9/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/9/98
Date

Daytime Phone #

407 872-1880

CR2E040 (1/2/96)