10. I, bein Signature Registered	of (	registered agent of the above	ve named corpor	pration, am famili	City  ar with and accept the c	obligations of Sect	(//		
4445 ROXBOROUGH PLACE     PENSACOLA FL 32514						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
BAILY, JOSEPH R. III									
	8. Nama	and Address of Current F	legistered And	ent		9 Name and	Address of New Registered		
	<del> </del>		· · · · · · · · · · · · · · · · · · ·				1-94-	12-97	
				REI	NSTATE	MENT	12/16/97- *****750.00	-01114==092 ) ****750.00	
<del>, , , , , , , , , , , , , , , , , , , </del>						1	0000237.	4061 <del></del> 5	
TSD	BAILY, LINDA B.			4445 ROXBOROUGH PLACE			PENSACOLA FL		
PM	BAILY, JOSEPH R. III			3 (Do NOT Use Post Office Box Number 4445 ROXBOROUGH PLACE		Numbers)	PENSACOLA FL		
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip			
Zip Country			Zip Country			CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee require for a Certificate of Status			
City & State			City & State			6.	59-2985262	Not Applicable	
Suite, Apt. #, etc. Suite, Ap			Suite, Apt. #	. #, etc.		5. FEI Numbe		2/26/1989 Applied For	
		ncorrect in any way, line thro idress, If Applicable	<del> </del>	nformation and e		4. Date Incor	porated or Qualified		
427 427				E INTENDENCIA ST. ISACOLA FL 32501					
Principal Place of Business Mailing Add									
BAILY	ENGINE	ERING AND TES	STING, II	NC.			SECRE AND SEE ST TALLATION OF THE	AGIER	
DOCUMENT # L39353  1. Corporation Name									
FOR REINSTATEMENT			}	Secretary of State DIVISION OF CORPORATIONS			FILED 97 DEC LO ANTI: 52		
, ,,	PLICATI			A DEPARTI Sandra B. I		~			

DO 1. Cor BAIL

2. Nev Sulte, /

7. Nan Title(s PM

10. l, b Signatu Registe

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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 | SIGNATURE | Date | Daytime Phone #