

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 FEB 11 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # L43459</b> 1. Corporation Name <b>SEARCH INC.</b>					
Mailing Address <del>8002 ROCKY POINT DRIVE, SUITE 310</del> <del>TAMPA FL 33607</del> <b>10014 N. DALE MABRY STE 101</b> <b>TAMPA, FL. 33618</b>		Principal Place of Business 2502 ROCKY POINT DRIVE, SUITE 310 TAMPA FL 33607 <b>10014 N. DALE MABRY STE 101</b> <b>TAMPA, FL. 33618</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable <b>SEARCH, INC</b> Suite, Apt. #, etc. <b>10014 N. DALE MABRY STE 101</b> City & State <b>TAMPA FL 33618</b> Zip <b>33618</b>		3. New Principal Office Address, If Applicable <b>SEARCH, INC.</b> Suite, Apt. #, etc. <b>10014 N. DALE MABRY</b> City & State <b>TAMPA FL. 33618 STE 101</b> Zip <b>33618</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>01/12/1990</b> 5. FEI Number <b>59-2990957</b>	
Country <b>USA</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
<del>PD</del>	<del>SMITH, KATHRYN</del>	<del>804 LAKE JOYCE DR.</del>	<del>LAND O LAKES FL</del>		
<del>ST</del>	<del>SMITH, KATHRYN</del>	<del>804 LAKE JOYCE DR.</del>	<del>LAND O LAKES FL</del>		
P	SMITH, DAVID	3926 LAKE JOYCE DR	LAND O LAKES, FL 34639		
S.T	SMITH, KATHRYN	3926 LAKE JOYCE DR	LAND O LAKES, FL 34639		
<b>REINSTATEMENT</b>					
8. Name and Address of Current Registered Agent <b>SMITH, KATHRYN</b> <del>804 LAKE JOYCE DR</del> <del>LAND O LAKES FL 33639</del>					
9. Name and Address of New Registered Agent Name <b>SMITH, KATHRYN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3926 LAKE JOYCE DR.</b> Suite, Apt. #, Etc. City <b>LAND O LAKES, FL</b>					
State <b>FL</b>					
Zip Code <b>34639</b>					
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 <u>Kathryn Smith</u> Date <u>2/3/97</u> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Kathryn Smith - KATHRYN SMITH</u> <u>2/3/97</u> <u>813-996-1050</u>					