

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # L71639

1. Corporation Name
SPEEDY SELECT, INC.

FILED

96 DEC 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
% WAYNE SIKES 111 SOUTH CENTER STREET - P.O. BOX 88 TAYLORSVILLE NC 28681	% WAYNE SIKES 111 SOUTH CENTER STREET - P.O. BOX 88 TAYLORSVILLE NC 28681

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/09/1990	
City & State		City & State		5. FEI Number	
Zip		Country		56-1699129	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

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
DP	JOYNER, REGINALD T.	P.O. BOX 85 N/A	TAYLORSVILLE NC
			300002032503--8 -12/18/96--01047--015 *****61.25 *****61.25
			300002032503--8 -12/18/96--01047--016 *****313.75 *****313.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOYNER, REGINALD T 1328 JUMANA LOOP APOLLO BEACH FL 33572		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: Reginald T. Joyner REGISTERED AGENT MUST SIGN Date: 10/12/94

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: Reginald T. Joyner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/12/94 Daytime Phone #: 813-671-3284

CR2340 (7/96)