PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 22 PM 1: 34

DOCUMEN	T# L78140
---------	-----------

1. Corporation Name

P.R.F. PROPERTIES, INC.

2. Principal Office Add	ress	3. Mailing Office A	ddress		
5349 Charles	St.	c/o 7510 R	idge Rd.	HEINSTATEN	IFNT OA AL
Suite, Apt. #, etc.	- x	Suite, Apt. #, etc.		UCHAOLVICA	
City & State	• • • •	City & State	· .	4. Date Incorporated or Qualified To Do Business in Florida	06/04/1990 SP
•	hey, FL 34652	Port Riche	y, FL	5. FEI Number	Applied For Not Applicable
^{Zip} 34652	Country	^{Zip} 34668	Country U.S.	59 3022447 6. CERTIFICATE OF STATUS DESIRED [

7. Name and Address of Current Registered	a Agent
J. Harris Cook	600004432836
Street Address (P.O. Box Number is Not Acceptable) BOOTH & COOK, P.A., 7510 Ridge Road	-06/20/0101069 ****150.00 *****1
Suite, Apt. #, Etc.	
City Port Richey	State Zip Code FL 34668

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

Name of Officer and/or Directors

Name of Officer and/or Director

Officer and/or Director

Registrated Addresses of Each Officer and/or Director

Officer and/or Director

Officer and/or Director

Grayling, MI 49738-8645

SIDILIDIA 432848 — 4 — 06/20/01--01069--026 *****758.75

10. 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 filling 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: X

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR METRY L. Meredith

04-25-01 517-348-9033

Date

Daytime Phone #

CR2E081 (9/99)