PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31999

1. Corporation Name

VERNINVEST, INC.

Principal Place of Business	Mailing Address
~~2400 LITTLE COUNTRY RD~~	~~P.O. BOX 998~~
~~PARRISH FL 34219~~	~~ELLENTON FL 34222~~
~~US~~	~~US~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 390 Donald E. Smith Blvd.	Suite, Apt. #, etc.: 390 Donald E. Smith Blvd.
City & State: DeBary FL	City & State: DeBary, FL
Zip: 32713 Country: USA	Zip: 32713 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/13/1986

5. FEI Number: 59-2670827 — Applied For / Not Applicable: SP

6. CERTIFICATE OF STATUS DESIRED: X

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	4 City / State / Zip
DP	VERNON, WILLIAM G.	~~2400 LITTLE COUNTRY RD~~ 390 Donald E. Smith Blvd.	~~PARRISH FL 34219~~ DeBary, FL 32713
VP	VERNON, JANE D.	~~2400 LITTLE COUNTRY RD~~ 390 Donald E. Smith Blvd.	~~PARRISH FL 34219~~ DeBary FL 32713

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8. Name and Address of Current Registered Agent

VERNON, JANE E
~~2400 LITTLE COUNTRY RD~~
~~PARRISH FL 34219~~

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 390 Donald E. Smith Blvd.
Suite, Apt. #, Etc.:
City: DeBary State: FL Zip Code: 32713

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: Jane D Vernon — REGISTERED AGENT MUST SIGN — Date: 10/28/99

11. 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: William G. Vernon William G. Vernon 10/28/99 (407) 668-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #