PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF ST Secretary of State DIVISION OF CORPORATIONS								FILED 03 JUL - 1 AM 8: 40 _SECRETARY_OF STATE							
DOCUMENT # N0100006245 1. Corporation Name									SECH! TALLA!	HASSEE	r SIA FLORI	ILE IDA			
RODERICK GARDNER FOUNDATION, INC								i							
12			ARSH LAN					REMISTATE WENT 02-03							
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business In Florida 8/30/2001						
City & State ORANGE PARK, FL				ORANGE PARK, FL				5. FEI Number Applied For Not Applicable							
^{Zip} 3200:	Country USA			^{Zip} 32003		Country USA		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of							
	TERESA WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 1225 SALT MARSH LANE Suite, Apt. #, Etc. City ORANGE PARK,								300021241283 07/01/03~-01042~-015 **297.50 State Zip Code FL 32003						
111													CR2E081 (10/02)	Crizevo: 114 ve.	
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonprofi	it corporation	is must list at le	ast 3 directors)	T						
Titles	<u> </u>	Officer	Name of s and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip							
D	DELAIN SAWYER			<u> </u>	1225	SALT	MARSH	LANE	ORAN	GE PA	RK, F	L 32	003		
D	TERESA WILLIAMS				1225	SALT	MARSH	LANE	ORAN	GE PA	RK. F	L 32	003		
D	DANNY	CAR	TER		1225	SALT	MARSH	LANE	ORAN	GE PA	RK,	FL 3	2003		
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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.											all fees				
SIGNATURE: DELAIN SAWYER 6/26/03 (904)278-4903 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #															
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