PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N07361

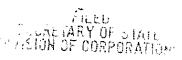
1. Corporation Name

FLEET RESERVE ASSOCIATION BRANCH #346, INC.

Principal Place of Business

Mailing Address

2117 WILKINSON AVENUE PANAMA CITY BEACH FL 32408 2117 WILKINSON AVENUE PANAMA CITY BEACH FL 32408



02 JAN 10 PM 1:35

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							"EMS	TATEMENT		
				ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, A				#, etc.			01/29/1985 5. FEI Number Applied For			
City & State			City & State				NOT APPLICABLE Not Applicable			
Zip Country		Country	Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requi			
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				City / State / Zip		
PD	ROBINSON, REXC JIM FAXLANDER			-505 LAGOON OAKS CR. 264B PEACOCK DR			O.R.	PANAMA CITY FL 92408- 33407		
VD	DEWAR, RICHARD J			6010 SUNSET AVENUE				PANAMA CITY FL 32408		
\$D	SNELL BILL TO HODGES, THOMASE.				2200 DOROTHY AVE. 56/1B SUNSET AVE			PANAMA CITY FL 32408		
TD	FAXLANDER, JIM- ROBINSON, REX C.				505 LAGOON OAKS CR.			PANAMA CITY BEACH FL 32407 32408		
31	-						31.	-01/17/0201024020 ****472.50 *****236/25		
			.					1	Bulk	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
SNELL, BILLY B							PINAS E. HADGES (P.O. Box Number is Not Acceptable)			
2220 DOROTHY AVE.				Street Address (P.O. Box Numb						
PANAMA CITY BEACH FL 32408					Suite, Apt. #, Etc.					
City						PANAM	MA CITY BCH State Zip Code 32408			
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 REGISTERED AGENOMUST SIGN Date 12/4/02										

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PERICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.