FASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AGE 104 3

	T ELAGE READ A	ALL MOTA		NO BEI ONE		FILED				
	RPORATION STATEMENT	Sed	cretary	MENT OF STATE of State RPORATIONS		2006 AUG -4 AM 10: 42  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCU	JMENT # MASA		MERNINOCETTEONION							
Byrı	nwyck Village at t									
2. Principa 1630	office Address 1 Byrnwyck Ln	3. Mailing Office 16301	wyck Ln	1						
Suite, Apt. #		Suite, Apt. #, etc.				CR2E081 (12/05)				
C <u>ity</u> & Ştate	)	City & State			4. Date incor	porated or Qualified 988				
Ode	ssa, FL	Odessa, FL		5 5929	5. FE August 592900629 Applied For Not Applicable					
3355	56 ÜSA	35556	ĺ	USA .	6. CERTIFICATI	E OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
	7. Name and Address of Current Registered Agent									
	Bruce Derby									
	Suite, Apt. #, Etc.		WIENER TO ( 1)h							
				REIL	GIATE					
	Ödessa			_		FL 33556				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent 09/11/06ate 019/37/096 **367.50  RECISTERED AGENT MUST SIGN										
9. Names	and Street Addresses of Each Officer and	/or Director (Florid	a nonprofit	corporations must list a	t least 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
Р	Bruce Derby	1	16301 Byrnwyck Ln			Odessa, FL 33556				
V	Channing Apple	garth 1	12717 Benty Way			Odessa, FL 33556				
Τ	Susan Hare	1	12715 Benty Way			Odessa, FL 33556				
S	Betty Trava	1	12708 Benty Way			Odessa, FL 33556				
D	Lee di Paci	1	16302 Byrnwyck Ln			Odessa, FL 33556				
ם										
this rei owed t	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 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 contained in Chapter 119, 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.									
SIGNA	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR  Bruce Derby 8/2/06 920-0990  Date Date Daylime Phone #									
				<i>r</i>						

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MELOS

CORPORATION REINSTATEMENT					\$	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								
DOCU	JMENT tion Name	#												
2. Principal Office Address  3. Mailing Office Address								CR2E081 (12/05)						
Suite, Apt. #, etc.					Suite, Apt. #,	etc.			Date Incorporated or Qualified    To Do Business in Florida					
City & State			City & State	City & State				er			Applied For			
Zip	Country		Zip Country				Not Applicable      CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee require for a Certificate of Status      CERTIFICATE OF STATUS DESIRED    Status							
					7. 1	Name and /	Address of C	current Register	red Agent					
	Name													
	Street Address (P.O. Box Number is Not Acceptable)													
	Suite, Apt.	#, Etc.												
	City									State FL	Zip Code			
8. I, being Signature of Registered	đ	registere	ad agent		ove named corpo			ind accept the of	obligations of secti	ion 607.05i		, F.S.		
9. Names	and Street A	ddresses	of Each	Officer an	d/or Director (Fi	orida nonpri	ofit corporatio	ons must list at le	east 3 directors)	,				
Titles		Name of Officers and/or Directors				Address of Each r and/or Director			City / State / Zip					
D	La	arr	7	De C	lercq	12	-712	Bent	y Way	Od	lessa <sub>)</sub>	FL	33556	
			<u> </u>					<del></del>				<u> </u>		
				<del></del>			<del></del>							
this rein owed to	instatement apply the corporal application is	oplication, tion have true and	the reas	son for diss aid and the a, and my s	solution has bee names of indivio signature shall ha	en eliminated iduals listed have the san	d, the corporation this form dine legal effect	ate name satisfies do not qualify for t as if made unde	provided for in ch is the requirement r an exemption co er oath.	s of section ntained in (	607.0401 or 6	17.0401, F.S .S. The inform	S., that all fees nation indicated	
1	8	IGNATURE	E AND TY	PED OR PR	UNITED NAME OF	SIGNING OF	FICER OR DIR	ÆCTOR		Date		Daytime Pho	ine#	

•	Note:
.0	
7	We never received the Annual
5	Report Notice in 2001, Please
•	waive the reinstatement fee.
•	
1	Thanks in advance,
-,-	
<i>-</i>	Bruce Derby
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>	
-	
<u>)</u>	
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