

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra S. Morhart
 Secretary of State
 DIVISION OF CORPORATIONS

N44403

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 MAR 26 PM 4:23

DOCUMENT # N44403
 1. Corporation Name
 SRH, Inc.

Principal Place of Business Mailing Address
 200-C South Monroe Street
 Tallahassee, FL 32301

REINSTATEMENT 95-98

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/1991	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Ted J. Ouzts	1122 Carriage Rd.	Tallahassee, FL
DST	Donald F. Lamonica	200-C S. Monroe St.	Tallahassee, FL
DV	George N. Koikos	220 S. Monroe St.	Tallahassee, FL
			3/26/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Ted J. Ouzts 1122 Carriage Road Tallahassee, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	300002481413--6 -04/07/98--01070--013 ****481.25 ****481.25 FL

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: *[Signature]* Date: 3/26/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* Date: 3/26/98 Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (1/98)