

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 29 PM 4:06

DOCUMENT # N51353

1. Corporation Name

DISTRICT THIRTEEN, INC.

Principal Place of Business

Mailing Address

3320 LOVELAND BLVD
PORT CHARLOTTE FL 33980
US

3320 LOVELAND BLVD
PORT CHARLOTTE FL 33980
US



REINSTATEMENT

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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.		10/19/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0370029	
				Applied For	
				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	4 City / State / Zip
P	BISHOP-WILSON, LINDA	4301 SIBLEY BAY ST	PORT CHARLOTTE FL 33980
ST	PIZZARRO, LINDA	3320 LOVELAND BLVD	PORT CHARLOTTE FL 33980
D	WHITE, NORM	2369 RISKEN TER	PORT CHARLOTTE FL 33981
D	MACMILLIAN, JUDY	3265-D TAMiami TR	PORT CHARLOTTE FL 33948
D	GONSALVES, JEANNIE	4410-A TAMiami TR	PORT CHARLOTTE FL 33980
D	GRANT, JR R	3014 MANATEE AVE W	BRADENTON FL 34205

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BISHOP, LINDA 4301 SIBLEY BAY ST PORT CHARLOTTE FL 33980		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		500003532705--0	
		-01/11/01 State 011245-022	
		****238.FL ****238.25	

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] REGISTERED AGENT MUST SIGN

Date: 11-28-00

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: [Signature] Judy MacWilliams Date: 11-28-00 Daytime Phone #: AD

CR2E040 (8/00)