' PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION ISTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	y of State	03 MAR 1 I AM IO: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N9200000580 1. Corporation Name 3. D. BLUNNING CLUB INC.				17 Victor V II VS -
3-D RUNNING CLUB, INC.				000012461560 02/13/0301049007 **726.25
	al Office Address 2 Heather Ridge Loop	3. Mailing Office Address 13222 Heather Ridge Loop		REINSTATEMENT 95-00
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/2/1992
City & State Fort Myers, FL		City & State Fort Myers, FL		5. FEI Number Applied For 65-0374968 Not Applicable
^{Zip} 33912	Country USA	zip 33912	Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name Jeffrey Sommer Street Address (P.O. Box Number is Not Acceptable)				
13222 Heather Ridge Loop				
	Suite, Apt. #, Etc.			
	^{city} Fort Myers	•		State Zip Code FL 33912
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 Date 1/29/2003				
Registered		EGISTERED AGENT MUST	SIGN	Date 4 1/27/2003
9. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit	corporations must list at least	t 3 directors)
Titles	Name of Officers and/or Directors	Street Address of Each officer and/or Director		City / State / Zip
□Đ	Jeffrey Sommer 13222 Heather Ridge Loo		Ft. Myers, FL 33912=	
D/(P (*)	Susan J. Sommer 13222 Heather Ridge L		Heather Ridge Loop	Ft. Myers, FL 33912
T	AlFred Delago	9156	Irving Rd	F.T. myers Fl 339.12
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.				
SIGNATURE: X 1/29/2003 X 768-2925 SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				

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