PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **CORPORATION** FLORIDA DEPARTMENT OF STATE FILED REINSTATEMENT Secretary of State **DIVISION OF CORPORATIONS** 03 FEB 12 PM 2: 08 DOCUMENT # N SECRETARY OF STATE FALLAHASSEE, FLORIDA The Gilliam Family Reunion, Inc. 500013908685 03/11/03--01018--004 **8.75 500013908685 03/11/03—01018—003 **542.50 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 11-15-1991 To Do Business in Florida 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Suite, Apt. #, Etc. 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. Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officer and/or Director Officers and/or Directors City / State / Zip 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 1 (9.07(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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lauso Gilliam - Hilliams 2/6/03 727-