

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 30 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 19500002563

1. Corporation Name
DOWNED RIDERS SURVIVAL BENEFIT, INC.

2. Principal Office Address
3850 North US 27 Hwy.

3. Mailing Office Address
3850 North US 27 Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33029

Country
USA

Zip
33029

Country
USA

REINSTATEMENT

~~1996~~ 2003

4. Date Incorporated or Qualified To Do Business in Florida
May 31, 1995

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sharon I. Glass

Street Address (P.O. Box Number is Not Acceptable)
6101 U.S. Hwy 27

Suite, Apt. #, Etc.

City
South West Ranches

State
FL

Zip Code
33332

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

[Signature]

REGISTERED AGENT MUST SIGN

Date: **12/22/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sharon I. Glass	6101 U.S. Hwy 27	South West Ranches / FL / 33332
D	James Ives	1141 S. Federal Hwy	Ft. Lauderdale / FL / 33316
D	Charles T. Colley	3617 S.W. 22nd Street	Ft. Lauderdale / FL / 33312
D	Donald Dunbar	2349 S.W. Terrace	Ft. Lauderdale / FL / 33312
D	Jacek Niewiadomski	10960 S.W. 11th Place	Davie / FL / 33324

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/2003 (954)433-7421

Date

Daytime Phone #

CR2E081 (10/02)

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