PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

N95000004939

1. Corporation Name

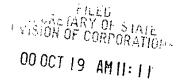
REALITY CHECK, INC.

Principal Place of Business

Mailing Address

701 WEST MAIN STREET LEESBURG FL 34748

701 WEST MAIN STREET LEESBURG FL 34748



If above a	ddroeege arg ir	accorract in any way. Jina the	ough incorrect in	formation an	ıd enter c	orrection below	DERAR	27 F	TERN	CAR	00.	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir 3. New Mailir				ng Office Address, If Applicable			4. Date inc To Do B	ofporate usiness	d or Qualified in Florida	10/12	/1005	
Suite, Apt. #, etc. Suite, Apt. #,				etc.			10/13/1995 5. FEI Number Applied For					
City & State City & S				Э				59-3342297 Not App			Not Applicable	
Zip	Country		Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status					
7. Names a	and Street Add	resses of Each Officer and	or Director (Flor	ida nonprofit	t corporat	tions must list at lea	st 3 directors		•			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director				4	City / State / Zip			
PD	HINEBAUG	3815 ODOM LANE				G	GROVELAND FL 34736					
VPD	MALDIN, C	4640 S.E. 6TH WAY				В	BUSHNELL FL 33513					
SD	MEDLEY,	209 SOUTH 7TH STREET				Ц	LEESBURG FL 34748					
DT	BRITT, RONALD			2302 JOBBINS DRIVE				U	LEESBURG FL 34748			
A	SMITH, JOSEPH R			107 NORTH 12TH STREET				\ L	LEESBURG FL 34748			
								1) (s)	1			
8. Name and Address of Current Registered Agent												
		Name					ı					
SMITH, JOSEPH R						Street Address (P.O. Box Number is Not Acceptable)						

with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named

Signature of Registered Agent

107B NORTH 12TH STREET

LEESBURG FL 34748

REGISTERED AGENT MUST SIGN

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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 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.

Suite, Apt. #, Etc.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Street Address (P.O. Box Number is Not Acceptable)

Daytime Phone #