


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 14 PM 3:38	
DOCUMENT # N98000005424						
1. Corporation Name <i>The Chassahowitzka Restoration Committee, Inc.</i>						
2. Principal Office Address <i>820 Newberger Rd</i> Suite, Apt. #, etc.			3. Mailing Office Address <i>820 Newberger Rd</i> Suite, Apt. #, etc.			600062162656 12/14/05--01046--011 **183.75 CR2E081 (8/05) 4. Date Incorporated or Qualified To Do Business in Florida <i>9-17-98</i> 5. FEI Number <i>59-3538392</i> Applied For <input type="checkbox"/> Not-Applicable <input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
City & State <i>Lutz, FL</i>			City & State <i>Lutz, FL</i>			
Zip <i>33549</i>	Country <i>USA</i>	Zip <i>33549</i>	Country <i>USA</i>			
7. Name and Address of Current Registered Agent Name <i>Mitchell A. Newberger</i> Street Address (P.O. Box Number is Not Acceptable) <i>820 Newberger Rd</i> Suite, Apt. #, Etc. City <i>Lutz</i> State <i>FL</i> Zip Code <i>33549</i>						
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 <i>Mitchell A. Newberger</i> Date <i>12-12-05</i> 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 Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip		
P/D	<i>Stafford, Bryan</i>	<i>7901 Mesa Lane</i>		<i>Homosassa, FL 34448</i>		
V/D	<i>Calbeck, Jack</i>	<i>10093 Woodward Point</i>		<i>Homosassa, FL 34448</i>		
S/P/D	<i>Walker, Wm.W.</i>	<i>8807 Roberts Rd</i>		<i>Odessa, FL 33556</i>		
D	<i>Rouch, John</i>	<i>10571 LaBaron Dr.</i>		<i>Homosassa, FL 34448</i>		
D	<i>Bryant, Howard</i>	<i>8230 Miss Maggie Dr</i>		<i>Homosassa, FL 34448</i>		
D	<i>Newberger, Mitchell</i>	<i>820 Newberger Rd</i>		<i>Lutz, FL 33549</i>		
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 <i>Wm. W. Walker</i> <i>Wm. W. Walker</i> <i>12-12-05</i> <i>813-920-3680</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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The Chassahowitzka River Restoration Committee

December 7, 2005

Department of State
409 East Gaines Street
Tallahassee, Florida 32399

This is to notify you that we did not receive notice to pay 2003 corporation fees and are enclosing \$183.75 to reinstate the Chassahowitzka River Restoration Committee, Inc.

Sincerely



Mitchell A. "Mickey" Newberger
Spokesman

Enclosure: Reinstatement Forms

Check # 1293
1st Citrus Bank
183.75