

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -4 PM 1:19

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000001909

1. Corporation Name
New Century School of Real Estate

600004782316--0
-01/17/02--01064--002
****158.75 ****158.75

2. Principal Office Address 3375C-200 Capital Cir. N.E.		3. Mailing Office Address 327 Fields Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Havana, FL	
Zip 32308	Country USA	Zip 32333	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/3/2000	
5. FEI Number 59-3640490	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: CINDY SUTCH

Street Address (P.O. Box Number is Not Acceptable): 327 Fields Road

Suite, Apt. #, Etc.:

City: Havana

State: FL Zip Code: 32333

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: Cindy Sutch Date: 1/3/2002

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/V/D	CINDY SUTCH	327 Fields Road	Havana, FL 32333

AS 1/11/02

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: Cindy Sutch Date: 1/3/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

**New Century School of Real Estate
327 Fields Road
Havana, Florida 32333
(850) 539-5319 or (850) 552-9250**

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting you waive the reinstatement fee on my dissolved corporation. As per the attached Articles of Incorporation, my mailing address is 327 Fields Road, Havana, FL 32333. I did not receive the documents for annual filing at this address.

I did not go to my physical address in 2001 due to illness, and the owners of the building did not call me to notify me of mail or forward my mail during that period of time. In May of 2001 I found out I have terminal cancer of the thyroid that has spread to the bone, liver and lung. Since, I have been on a heavy regimen of chemo therapy.

Yesterday I was notified by my accountant that my corporation was dissolved in 2001, so now I am filing for reinstatement. I also have a new principal office address as noted on the reinstatement document.

I am enclosing a check for the Annual Report (\$61.25), plus Corporate Supplemental Fee (\$88.75), plus the Certificate of Status (\$8.75).

Thank you for your consideration in this matter. I will file for 2002 as soon as I receive notification of reinstatement.



Cindy Sutch
Registered Agent