

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 25 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034221

1. Corporation Name

CONDING, INC.

2. Principal Office Address		3. Mailing Office Address	
3001 EAST CERVANTES STREET		3001 EAST CERVANTES STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PENSACOLA, FL		PENSACOLA, FL	
Zip	Country	Zip	Country
32501		32501	

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11/12/04--01073--003 **300.00

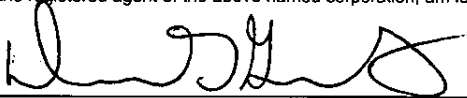
4. Date Incorporated or Qualified To Do Business in Florida		3/27/2000
5. FEI Number	Applied For	
59-3637880	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name		
DANIEL J. GERLITS		
Street Address (P.O. Box Number is Not Acceptable)		
4019 TIGER POINT BLVD.		
Suite, Apt. #, Etc.		
City		
GULF BREEZE		
State	Zip Code	
FL	32563	

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



Date **10/22/2004**

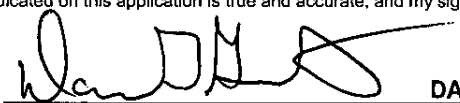
REGISTERED AGENT MUST SIGN

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,VP,D	DANIEL J. GERLITS	4019 TIGER POINT BLVD.	GULF BREEZE, FL 32563

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:



DANIEL J. GERLITS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2004

Date

(850) 469-0029

Daytime Phone #

CONDING, INC.
3001 East Cervantes Street
Pensacola, FL 32501

October 22, 2004

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

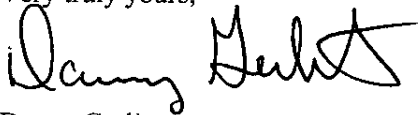
It has just come to my attention that the corporation, Conding, Inc., has been administratively dissolved since the Uniform Business Reports were not filed for 2003 or for 2004.

I can't find any record of having received these reports and thus was unaware that they needed to be filed.

I have prepared and enclosed the Corporation Reinstatement Document. Please waive the reinstatement fee and accept my check in the amount of \$300 (for 2003 and 2004) as the amount due.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Danny Gerlits", written over a horizontal line.

Danny Gerlits
President

Enclosure