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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	
REINSTATEMENT	DIVISION OF CORPORATIONS	03 JAN 10 PH 4: 17
OCUMENT # PODOOD 34370		SECRETARY OF STATE TAILLAL ASSEE, FLORIDA
C. R. LUCE ENT	ER PRISCS	MULAI ASSEE, FLORIDA
rincipal Place of Business 2243 CATHEDRAL DRIVE PALM HARTSON, FUZYY63	Mailing Address 2243 CATHEDRALDRIVE PACM HARBON, FR34683	
If above addresses are incorrect in any way, line thro . New Principal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida To Do Business In Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For Not Applicable
City & State	City & State	S8.75 Additional Fee required
ip Country	Zip Country	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Names and Street Addresses of Each Officer and/officers Title(s) Name of Officers and/or Directors	or Director (Florida nonprofit corporations must list at Street Address of Ea Officer and/or Direct 3 (Do NOT Use Post Office Bo	ch tor City / State / Zip
RES CRAIG R LUCE	2243 CATHEDRAN	
	A STATE OF THE STA	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
SPIECEL + UTRENA PA STREET + UTRENA PA Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
Signature of	named corporation, am familiar with and accept the	Date
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I tease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I tease the Division of Corporation in 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 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 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 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 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 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 I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further certify that I am an officer or 617, F.S. I further cer		

SIGNATURE:

Affachment P000003437

ÚNŇINGHAM & ASSOCIATES 311 Órange Street Palm Harbor, Florida 34683

727-784-2519

January 6, 2003

DIVISION OF CORPORATIONS. UNIFORM BUSINESS REPORT FILINGS PO BOX 1500
TALLAHASSEE,FL 32302-1500

To Whom It May Concern:

We have not received an annual report for our corporation because the state Had an incorrect address. Per a telephone conversation with the state we were Told to write a letter stating this and pay two years fees. We respectfully request An abatement of all penalties as we never received the proper forms to file. Attached is a copy of an annual report and the fees please send a 2003 form So we can have a timely filing this year. If you have any further questions or Concerns please do not hesitate to call us.

Sincerely

Gene Cunningham