required

	PLEASE RE	AD ALL INST	RUCTIONS BEFOR	E COMPLETIN	IG T	HIS FORM	1 10	
,	RPORATION STATEMENT	DIVI	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS O 5000241		05 MAY 31 PM 1:58 SECRETARY OF STATE FALLAHASSEE, FLORIDA			
1. Corpora		0000 8 1			1,41	ILLAHASSEE, FLI	ORI DA	
	Office Address	3. Mailing O	3. Mailing Office Address				/73-	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/23/2000			
City & State GULF BREEZE, FL		City & State	City & State		5. FEI Number Applied For 59-3670089 Not Applicate			
Zip 32563	Country SANTA ROSA	Zip	Country	6. CERTIFICATE			dditional Fee require	
		7. 1	lame and Address of Current Re	gistered Agent				
	Name LORI REDDICK	n Ç		0561486	320 **490.00			
	Street Address (P.O. Box Number is Not Acceptable) 1304 QUIET COVE COURT							
	Suite, Apt. #, Etc.							
	City GULF BREEZE					Zip Code 32563		
8. I, being	appointed the registered agent of	the above named corpo	oration, am familiar with and accept	the obligations of section	n 607.05	05 or 617.0503, F.S.		

Signature o Registered		Date						
9. Names	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					
D	ROBERT E REDDICK	1304 QUIET COVE COURT	GULF BREEZE, FL 32563					
D	LORI REDDICK	1304 QUIET COVE COURT	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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05 Date

L & L Bookkeeping & Tax Services, Inc.

5917 Quintette Road Pace, FL 32571-9715 Phone: (850) 994-6536 Fax: (850)994-2170 LANDLBKKG@AOL.COM

May 26, 2005

To Whom It May Concern:

This letter is in reference to Emerald Coast Fun & Games Inc. I am the accountant for Emerald Coast Fun & Games Inc, as I was reviewing their file I noticed that they had not paid their corporate renewal for the past three years. The years the reports were not received were 2003, 2004, and 2005. I questioned them about this and they said they never received any notification of the renewal. They have moved three times in the past three years. We are asking that the penalties be waived and the corporation be reinstated. Thank you for your help in this matter. If you need any further information please feel free to contact me.

Sincerely,

President