PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FORREINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

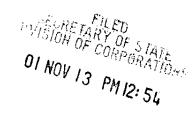
DIVISION OF CORPORATIONS

DOCUMENT # P0000095548

1. Corporation Name

SIGNATURE:

GREY HARE ENTERPRISES, INC.



<u>'</u>	ace of Busine	SS	•	Mailing Address			I DURBDE NEK BOSEL BONIE BONIE BONIE ORBEK DOERD HOLDE BINDE BEHUL DIBER FOLDE		
122 LANTERN LANE SE WINTER HAVEN FL 33884			122 Lantern Lane Se Winter Haven FL 33884						
If above addresses are incorrect in any way, line through incorrect information and enter						QF	IMSTATEMENT OL		
2. New Prin	ncipal Office A	Address, If Applicable	3. New Maili	ing Office Ad	ldress, if Applicable	4. Date 1 To Do	Incorporated or Qualified o Business in Florida 10/09/2000		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Number Applied	For	
City & State)		-City-&-State-	- City & State			-3608 (c/a) Not Appl		
Zip Country			Zip		Country 6. CERTIFI		IFICATE OF STATUS DESIRED \$8.75 Additional Fee r	equired tatus	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			3	Street Address of E Officer and/or Dire		City / State / Zip		
Plok	michael T. Andrew 122 Lan				Lantern Lo)	Winter Haven, Fl 33	884	
TBIVIM Angela D. Andrew				122 Lantern La			Winter Haven, Fl 35	3884	
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	<u>, , , , , , , , , , , , , , , , , , , </u>						JA 11/29		
8. Name and Address of Current Registered Agent						9. Name	and Address of New Registered Agent		
ANDREW; MICHAEL 122 LANTERN LANE SE WINTER HAVEN FL 33884						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
					City	City State Zip Code			
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept th	e obligations of			
Signature of Registered Agent Date 1/-8-0/									
11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR