FILED

04 MAY -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

300035765733
05/07/04--01078--017 **308.75

DOCUMENT # P00000110725

1. Corporation Name

LAW OFFICES OF DAVID J. BEASLEY
613 TIMBERWILDE CT.
WINTER SPRINGS, FL. 32708-6169

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/01/00

5. FEI Number 59-3649986 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID J. BEASLEY

Street Address (P.O. Box Number is Not Acceptable): 613 TIMBERWILDE CT.

Suite, Apt. #, Etc.:

City: WINTER SPRINGS, FL. 32708-6169 State: FL Zip Code:

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: X _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E085 (01/04)

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	DAVID J. BEASLEY	613 TIMBERWILDE CT,	WINTER SPRINGS FL. 32708

$35/17

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: _____

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

April 24, 2004

David J Beasley, President and Registered Agent
Law Offices of David J. Beasley
613 Timberwilde Ct.
Winter Springs, FL 32708

Florida Department of State
Division of Corporations
Attn: Corporate Reinstatements
P.O. Box 6327
409 East Gaines St.
Tallahassee, FL 32399

Re: REINSTATEMENT REQUESTED—ANNUAL REPORT NOT RECEIVED

Encl: Corporate Reinstatement Form
Check made payable to Department of State for $308.75

Dear Sir or Madam:

Please find enclosed our Corporate Reinstatement Form. To the best of my knowledge, we never received our 2003 Annual Report Form(s).

Based on such, we respectfully request our late filing penalty, or penalties, be waived.

Please find enclosed our check for $308.75, including $150.00 for our 2003 Annual Report, $150.00 for our 2004 Annual Report and $8.75 for a Certificate of Status.

Sincerely,

David J Beasley
President and Registered Agent