

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 13 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003305

1. Corporation Name

EQUABLE INVESTMENTS INC.

Principal Place of Business

Mailing Address

~~1030 NW 39TH PLACE  
GAINESVILLE FL 32605~~

PO BOX 140006  
GAINESVILLE FL 32614

*Handwritten initials*



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/05/2001

Suite, Apt. #, etc.

4135 NW 35<sup>th</sup> Street

Suite, Apt. #, etc.

5. FEI Number

59-3688768

Applied For

City & State

Gainesville, FL

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHURCHILL, TILLIS J II	<del>1030 NW 39TH PLACE</del> 4135 NW 35 <sup>th</sup> Street	GAINESVILLE FL 32605
VPT	BLAKE, RODNEY R III	<del>1025 NW 107 PL</del> 2339 SW 31st Pl # 4	GAINESVILLE FL <del>32607</del> 32608

900023723669  
10/13/03--01008--033 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHURCHILL, TILLIS J II  
~~1030 NW 39TH PLACE~~  
GAINESVILLE FL 32605

Name Tillis J. Churchill II

Street Address (P.O. Box Number is Not Acceptable)  
4135 NW 35<sup>th</sup> Street

Suite, Apt. #, Etc.

City Gainesville

State Zip Code

FL 32605

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Handwritten signature of Tillis J. Churchill II*

REGISTERED AGENT MUST SIGN

Date 10/8/2003

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 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:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2003

Date

352-494-4805

Daytime Phone #

CRE040 (7/03)