

11/14/2003

17:40

CCRS - 2050384

NO. 024

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01006008655</u> 1. Corporation Name <u>Equity Growth & Management Corporation</u>			
3. Principal Office Address <u>5400 Carter Road</u>		4. Mailing Office Address 	
State, Apt. #, etc. 		Guide, Apt. #, etc. 	
City & State <u>LAKE MARY</u>		City & State <u>FL 32746</u>	
Zip <u>32746</u>	Country <u>USA</u>	2. Date Incorporated or Qualified To Do Business in Florida 	
3. Date of Status Change 		4. Date of Status Change 	

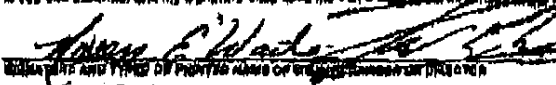
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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REINSTATEMENT

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7. Name and Address of Current Registered Agent Name <u>LOE BRIAN R</u> Street Address (P.O. Box Number is Not Acceptable) <u>3024 WEST LAKE MARY BLVD. #136</u> City, Apt. #, etc. <u>LAKE MARY FL</u>		State <u>FL</u>	Zip Code <u>32746</u>
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8. I, being appointed as the registered agent of the above named corporation, am hereby accepting the obligations of section 607.006 of the F.S. Signature of Registered Agent  DATE <u>11/14/03</u>			
9. Names and Street addresses of Each Officer and Director (Please complete this section if the corporation has more than 1 director)			
NAME <u>DAVID WHITE</u>	NAME of Officers and/or Directors <u>THOMAS E. WHITE</u>	Street Address of Each Officer and/or Director <u>5400 Carter Road</u>	City / State / Zip <u>LAKE MARY FL 32746</u>
POSITION <u>President & Secretary</u>			
10. I certify that I am an officer or director of the corporation or have been appointed to exercise the powers of the corporation as provided for in chapter 607 of the F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation has satisfied the requirements of sections 607.001 or 607.002, F.S., and all fees imposed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 110.07(3)(d), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if the corporation were in good standing.			
SIGNATURE:  DATE: <u>11/14/03</u> FILE NO: <u>444-0199</u>			

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why an

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~~Dear Sir,~~
Dept of State, Division of Corporations
Please waive penalty fees
as we did not receive our
2003 UBR.

Joellen Waite
Equity Growth +
Management
PO1000008655



H03000317868 3

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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

RUSH / WAITE

CORPORATION REINSTATEMENT
EQUITY GROWTH & MANAGEMENT CORPORATION

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