PLEASE READ A INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Katherine Harris	
	21	OP OCT 16 PM 12:33
DOCUMENT # P0\00(1. Corporation Name	00 12263	ECRETARY OF STATE TALLAHASSEE, FLORIDA ~
<i>y</i>	I INC.	
2. Principal Office Address 794 Washbyrn Rd. Suite, Apt. #, etc.	3. Mailing Office Address 220 Columbily dr- Suite, Apt. #, etc.	6000083871867 -10/15/0201094008 *****550.00 *****550.00
	# 15	4. Date Incorporated or Qualified To Do Business in Florida
City & State Melbourne fl	City & State	10 Do Business in Florida 4-2-0 5. FEI Number Applied For
Zip Country	Cape C: F/ Zip Country	593690575 Not Applicable
32934 Brend	32920 Breund	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
7. Name and Address of Current Registered Agent		
DAVID (Dowdy	
Street Address (P.O. Box Number is Not Acceptable) 220 Columbig		
Suite, Apt. #, Etc. ##15		
City Cape Ci		State Zip Code
	Compart comporation am familiar with and accept the p	FL 32920
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 Reg	GESTERED AGENT MUST SIGN	Date <u>9-10-02</u>
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	n
D Airld David	220 columbia dr	
D Dennis Dowdy 150 John Son Ave # 3 Care c f/ 32920 c i. i. mills 114 Bichanan Ave # C2 Care c f/ 32920		# 3 Cape c +1 32920
Secr Wayne Mills		Coperanav. 52. 3 ADO
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, ond my signature shall have the same legal effect as if made under oath.		
SIGNATURE: David w Dowdy 9-10-02 321-868-6999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		