

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #: P01000026370			
1. Corporation Name Nameless INC.			
2. Principal Office Address 439 west St 811 Suite, Apt. #, etc.		3. Mailing Office Address 439 west St. Suite, Apt. #, etc.	
City & State Quincy, FL Zip 32351		City & State Quincy, FL Zip 32351	
4. Date Incorporated or Qualified To Do Business in Florida 3/13/01		5. FEI Number 59-370-7698	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name Steve Williams Street Address (P.O. Box Number is Not Acceptable) 439 west St. Suite, Apt. #, Etc. City Quincy State FL Zip Code 32351			
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 Steve Williams Date 4/29/05 REGISTERED AGENT MUST SIGN			
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
CEO	Steve Williams	439 west St	Quincy, FL 32351
P	John F. Baker	1507 Pine Drive Apt 75	College Park, GA 30349
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: <u>Steve Williams</u>		1/29/05 (850)875-9743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	