

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044000

1. Corporation Name
DUVAL GRASSING COMPANY

Principal Place of Business PO BOX 518 STARKE FL 32091	Mailing Address PO BOX 518 STARKE FL 32091
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/02/2001	
City & State		City & State		5. FEI Number	
Zip		Country		59-3715248	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	CRUM, REGINALD B	939 B OAK ST.	STARKE FL 32091
D	CRUM, KENYA L	939 B OAK ST.	STARKE FL 32091

800008667098
10/29/02--01042--007 **150.00

Handwritten initials/signature

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CRUM, KENYA L 939 B OAK ST. STARKE FL 32091		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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: *Kenya Crum* **SIGNATURE REQUIRED** Date: 10/22/02
REGISTERED AGENT MUST SIGN

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: *Kenya Crum* **SIGNATURE REQUIRED** Date: 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

DUVAL GRASSING, CO
P.O.BOX 518
STARKE, FL 32091
904-759-9250
904-966-2423(FAX)


OCTOBER 22, 2002

Florida Department of State
Jim Smith (Secretary of State)
Division of Corporation
P.O. Box 6327
Tallahassee Florida 32314

Dear Mr. Smith,

I am writing to inform you we never received a notice regarding the uniform business report(UBR). Please waive our reinstatement fee. Enclosed is \$150.00 dollars. In the near future we will send our report in between January 1 and May 1 whether we receive a notice or not. We really need our coporation status to remain active.

Thank you for your consideration


Reginald Crum
President