PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
|--------------------|
| FOR |
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

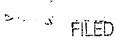
1. Corporation Name

1018 ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1296 FIRST STREET SARASOTA FL 34236 1296 FIRST STREET SARASOTA FL 34236



02 OCT 24 AH 10: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 18523 FGTH AVE. NE 1018 10 | | | | ing Office Address, If Applicable OTELEN SET INC. etc. | | 4. Da | Date Incorporated or Qualified To Do Business in Florida 05/07/2001 | | |
|--|-----------------------------------|----------------------------|--------------------------|--|------------------------|--|---|-----------------------------|--|
| Suite, Apt. #, etc. \$\frac{13523}{56774-446-46-66-66-66-66-66-66-66-66-66-66-6 | | | 5. FE | | | El Number | Applied For Not Applicable | | |
| | | | (| | | 15-1110324 | | | |
| | | | Zip | ip Country | | 6. _{CE} | — 6. CERTIFICATE OF STATUS DESIRED ☐ for a Certificate of Status | | |
| 34202 USA | | | 34202 US | | | | for a Certificate of Status | | |
| 7. Names | and Street Ad | dresses of Each Officer | and/or Director (Fl | orida nonpro | | | rectors) | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | City / S | City / State / Zip | | |
| D | | MUNROE, RICHARD J | | | 1296 FIRST STREET | | SARASOTA FL 34236 | SARASOTA FL 34236 | |
| D | HALUSKA, KEITH | | 13523 FIFTH AVENUE, N.E. | | BRADENTON FL 34202 | BRADENTON FL 34202 | | | |
| | | | | | | | 80000854 10/23/0201085014 | 9608 **150.00 | |
| | | | | | | | | | |
| | | | | | | ***** | | | |
| | | | | - | | | | | |
| | 8. Nar | ne and Address of Cu | rrent Registered Ag | gent . | | 9. N | lame and Address of New Registered | Agent | |
| - 1 | | | | | Name | | | | |
| JUDD, STEVEN H 2940 SOUTH TAMIAMI TRAIL | | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SARASOTA FL 34239 | | | | Suite, Apt. #, Étc. | | | | | |
| | | | | | City | | Sta F1 | | |
| 10. 1, bein | g appointed t | he registered agent of th | ne above named cor | poration, am | familiar with and acc | ept the obligation | ons of Section 607.0505, F.S. or 617.05 | 05, F.S. | |
| Signature Registered | of d Agent | Alan | | E RE | EQUIRE | D | Date | u | |
| 11. I certif | y that I am an | officer or director or the | receiver or trustee | empowered | to execute this applic | ation as provide | ed for in chapter 607 or 617, F.S. I furth | er certify that when filing | |

SIGNATURE:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11)-21.00

941-316-0609

Daytime Phone #

1 10/25/02

Department Of State Division Of Corporations P.O.Box 6327 Tallahassee, Fl 32314

To Whom It may Concern,

We are asking for reinstatement of our corporation at the normal \$150.00 rate. We did not receive renewal notices and overlooked this detail.

3 · : 5

1018 Enterprises Inc. 13523 fifth ave N.E. Bradenton, Fl 34202

Thank You Richard Munroe 941-316-0609