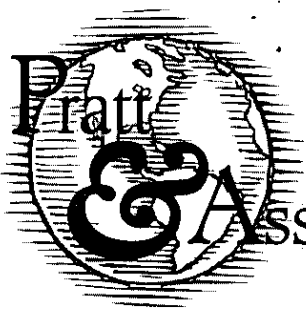


PG 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P01000085082</b>		300008584533 10/25/02--01014--005 **158.75	
1. Corporation Name <b>Northcott-McKay Development Corporation</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>8/28/01</b>	
2. Principal Office Address <b>5216 SW 91st Terr.</b>	3. Mailing Office Address <b>5216 SW 91st Terr.</b>	5. FEI Number <b>02-0538510</b>	
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc. <b>Suite A</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip <b>32608</b>	Country <b>USA</b>		
7. Name and Address of Current Registered Agent			
Name <b>Pratt, Sandra N.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>5216 SW 91st Terr. Suite A</b>			
Suite, Apt. #, Etc.			
City <b>Gainesville</b>		State <b>FL</b>	Zip Code <b>32608</b>
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 <b>[Signature]</b>		Date <b>10-17-02</b>	
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
Director	<b>Sandra N. Pratt</b>	<b>5216 SW 91st Terr. Ste A</b>	<b>Gainesville, FL 32608</b>
Director	<b>Jennifer Shea</b>	<b>1916 SW 80th Dr.</b>	<b>Gainesville, FL 32607</b>
VP/Treas.	<b>Kakym M. Pratt</b>	<b>5216 SW 91st Terr. Ste A</b>	<b>Gainesville, FL 32608</b>
Dir.	<b>Megan S. Pratt</b>	<b>5216 SW 91st Terr. Ste A</b>	<b>Gainesville, FL 32608</b>
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: <b>[Signature]</b> <b>Sandra N Pratt</b> <b>10/17/02</b> <b>3523735300</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/01)



Associates Int'l, Inc.

pg 2 of 2

October 14, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We were recently informed that Northcott-McKay Development Corporation, Document # P01000085082, has been dissolved due to the corporation not having filed the Uniform Business Report for 2002 in a timely manner.

We would like to inform you that we have never received a report to file for the year 2002. If we had received this, it would have been filed after we received it with no problems whatsoever.

We are hereby requesting for you to waive any penalties, extra fees, etc. and accept the \$158.75 check enclosed as payment/fee to reinstate the Corporation.

Respectfully,

Sandra N. Pratt, President  
Northcott-McKay Development Corporation

SN/tf  
Encl. Check and UBR report 2002