

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 22 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093215

1. Corporation Name  
RE\*UZ\*IT, INC.

600016234576  
04/18/03--01017--008 \*\*300.00

2. Principal Office Address 11311 Starkey Road Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Largo, FL		City & State	
Zip 33773	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number
			Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Lynda J. Foster

Street Address (P.O. Box Number is Not Acceptable)  
6112-108th Avenue

Suite, Apt. #, Etc.

City  
Pinellas Park

State  
FL

Zip Code  
33782

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 *Lynda J. Foster* ✓

REGISTERED AGENT MUST SIGN

Date 4-11-03 ✓

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
P, S, D	Lynda J. Foster	6112 108th Avenue	Pinellas Park, FL 33782

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: *Lynda J. Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-11-03

Daytime Phone # 727 1319 3662

CR2E081 (10/02)

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Re\*Uz\*t, Inc.  
11311 Starkey Road  
Largo, FL 33773  
727-319-3663

April 10, 2003

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

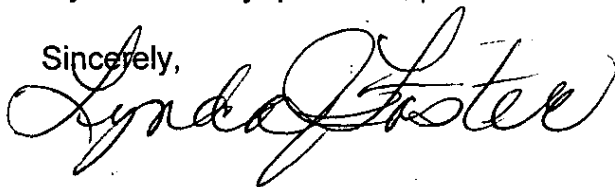
To Whom It May Concern:

It recently came to my attention that due to an error in my address on the State's database, I never received my 2002 UBR, and subsequently never filed it. I have attached a copy of my articles of incorporation so you can see the the mistake goes back to my original filing.

Enclosed is my check for \$300.00 and the Corporation Reinstatement form. Please process accordingly and accept my check as payment in full for filing the report and bringing my corporation's status back to active.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Lynda Foster  
President

LF/jas  
Enclosures