PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	DI	OA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		*FILED FOCT 14 PM 3	: 21
DOCUMENT # P 1. Corporation Name Secur	SE TA	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	· · · · · · · · · · · · · · · · · · ·		600 0 10/14/03	123796951 -01067001 **	6 158.75
2. Principal Office Address Suite, Apt. #, etc.	3. Mailing 525 Suite, Apt.	g Office Address R Doric Court	_		
City & State	City & State		4. Date Incorporated or To Do Business in FI		·
Tempon Springs,	PL Taper	Springs FL	5. FEI Number 59~3753	1426 -	Applied For Not Applicable
39689 US	t 34u	089 tusa	CERTIFICATE OF STATE		onal Fee required licate of Status
7. Name and Address of Current Registered Agent Name					
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
city Holid	State FL	zip\$9690			
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 Date 10/4/0.3 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	Each Officer and/or Director (F Name of and/or Directors	Florida nonprofit corporations must list at Street Address of Ea Officer and/or Direc	ach	City / State / Zip	
P Marilyne F	Marilyne Amondson		- Hol	iday, Pl	34140
VP Crothia A	Caroline	3804 Rensdale Dr	ive New	Port Richay.	P3465
T Erik P. A	Erik P. Amundsen		e Holi	Holiday & 34690	
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 filling 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: SIGNATURE AN	ID TYPED OR PRINTED NAME OF	F SIGNING OFFICER OR DIRECTOR	10/7/0-	Paytime Phone	<u>, , , , , , , , , , , , , , , , , , , </u>

SERENITY ON THE BAYOU, INC.

October 4, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter to inform you that I did not receive our renewal for our 2003 Uniform Business Report. I am including the completed form I printed off the internet with our correct address and a check for \$158.75. If I need to do anything else, or if you have any questions you may reach me at 813-781-6784. Thank you for your help in this matter.

Sincerely,

Cynthia A. Caroline Vice President