PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

City & State City & State Okecchobee, FL Zip Country Zip Country Country Country Country Country To Do Business in Florida 11/13/2001 5. FEI Number FL Street Address of Current Registered Agent Name Charles E Underhil Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporated or Qualified To Do Business in Florida 11/13/2001 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED Street Address of Current Registered Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive. The prior notices By checking this box your the prior notices By checking this box your	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations FILED 07 MAY 25 AM 8 58
2. Principal Office Address - No P.O. Box # 2. 7695 S.W. markin Huy Suite, Apt. #, etc. 2. Date Incorporated or Qualified To Do Business in Florida 2. FL City & State Okecchobee, FL Zip Country 34. Date Incorporated or Qualified To Do Business in Florida 11/13/200 Applied For Prot Applicable Country 34. Date Incorporated or Qualified To Do Business in Florida 11/13/200 Applied For Prot Applicable Country 34974 Certificate of Status Desired 7. Name and Address of Current Registered Agent Name Charles E Underhil Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	SECRETARY OF STATE TALLAHASSEE FLORIDA
27695 SW Mortin Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. City & State OKecchobee, FL Zip Country Jup Jup Country Jup Jup Jup Jup Jup Jup Jup Ju	Underhill, Inc.
City & State Okechobee, FL Okechobee, FL Zip Country Street Address (P.O. Box Number is Not Acceptable) City & State Okechobee, FL City & State Okechobee, FL Country Street Address (P.O. Box Number is Not Acceptable) To Do Business in Florida II/13/200 Applied For Applied For Country Country Street Address of Current Registered Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, your	mortin they 27695 S.w. martin they REUTE TORRESON (1/07) W
7. Name and Address of Current Registered Agent Name Charles E Underhill Street Address (P.O. Box Number is Not Acceptable) Charles E Underhill Street Address (P.O. Box Number is Not Acceptable) Charles E Underhill Circumstances which the entity did not receive.	City & State City & State Okecchobee , FL Supplied For Divided Applicable Country City & State Okecchobee , FL Supplied For Divided Applicable
Charles E Underhill Circumstances which the entity did not receive the prior notices. By checking this box you	SA 34979 USA CERTIFICATE OF STATUS DESIRED of Status
Suite, Apt. #, Etc. Suite, Apt. #, Etc. are certifying the prior notices were not received and requesting the reinstatement fee be waived.	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
State Zip Code FL 34974 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 Acceptable Ac	EE FL 34974 iistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Registered Agent X COUNTY E. Pate S-22-0/	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 Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	Name of Street Address of Each City/ State / 7 in
P Charles E Underhill 27695 s.w. martin Hwy Okeechobee, FL 34974	E Underhill 27695 S.W. martin Hwy Okeechobee, FL 34974
V Ryan C Underhill 27669 S.W. Martin Huy Okeechobee, FL 34974.	C Underhill 27669 S.W. Martin Huy Okeechobee, FL 34974
700103431877 05/29/0701032007 **458.75	700103431877 05/29/0701032007 **458.75
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #	ation, 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 have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated and accurate, and my signature shall have the same legal effect as if made under oath. S-22-07 863 639-1084