## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE			) =	Secretar	TMENT OF State				-7 PM 3:   JARY OF STAT ASSEE FLORI	•	
DOCUMENT # P02000018570  1. Corporation Name  FORMULAONE OF BRADENTON, INC.						REIN	SZ	C. C. W. C.	103-C	04 .00	
2. Principal Office Ad 5927 14TH	3. Mailing Office Address 1103 GULF DR SOUTH				700026174577 01/06/04-01062029 **150.00						
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida  2/14/02						
City & State BRADENTON, FL			City & State BRADE	City & State BRADENTON BEACH, FL			5. FEI Number Applied For				
z <sub>ip</sub> 34207	Country		Zip 34217	Country			04-3606176 Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status			ee required	
			7. N	ame and	Address of Cu	rrent Register	ed Agent				
Name	Name WICKMAN & WYCKOFF, PA										
Street /	Address (P.	O. Box Number is	Not Acceptable)	4909 N	MANATE	E AVENU	JE WEST			į	
Suite, A	Apt. #, Etc.						<del></del>				
City E	BRADE	NTON					State Zip Code FL 34209				
8. I, being appointed Signature of Registered Agent	the register	202	ove named corpo			d accept the ob	oligations of section	on 607.050 Date	05 or 617.0503, F.S.	o-03	CR2E081 (10/02)
9. Names and Stree	t Addresses					s must list at lea	ast 3 directors)				
Titles				Street Address of Each Officer and/or Director							
P, S== JOHN	JOHN P:CLARK			=1103-GULF-DR-SOUTH				*BRADENTON BEACH; FL 34217			
VP,T PRISC	PRISCILLA R CLARK			1103 GULF DR SOUTH				BRADENTON BEACH, FL 34217			
										<u>-</u>	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayling Phone #											

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR).

2004

	<b></b>			7.					
4 Fakti Nlama	MENT # P02000								
FORM	ULAONE OF BR	ADENTON, I	VC.						
	OO NOT WRITE	IN THIS SI	PACE						
2. Principal Pla	ace of Business	3. Mailing Address							
3921 *Suite, Apt. #	14th Street W	Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPA	CE		
oune, Apr. 1	r, 6to.				DO NOT WHILE IN THIS SPACE				
	MTON, FL	BRADENTON BEACH, FL				Number 4 - 3606 176	Applied For Not Applicable		
3420	7 USA	34217	Country 人と人		<b>5</b> . Ce	.75 Additional Required			
THE REAL PROPERTY.	# - The rate of the second second	w. q.	Nom			ne and Address of Current Registered Ac	jent		
	DO NOT W	DITE	Nam	WIC	kman + Wyckoff PA				
,	DO NOT W		Stree	t Address (	ass (P.O. Box Number is Not Acceptable) 909 Manatee Ave W				
-	IN THIS SP	ACE		Bradenton					
			City	77.5	I I Zip Code				
8. The above i	named entity submits this statement for	r the purpose of changing its	registered office			nt, or both, in the State of Florida. I am fami	342.69		
the obligation	ons of registered agent	1		o or regiono	.00 290				
CICNATURE	JAN S					12/30/0	3		
SIGNATURE	Signature Apped or printed name of registered agent a	ind tide if applicable. (NOT	E: Registered Agent si	gnature requires	d when reins	stainig) DATE			
	uap 1 - May 1 Fee is \$150.00 Mer May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be		
Make Check	Amended UBR is \$61,25 Payable to Florida Department of	State				Trust Fund Contribution.	Added to Fees		
10.	OFFICERS AND	DIRECTORS					<u> </u>		
TITLE	Tres., Sec. John P. Clark		TITLE NAME			•			
STREET ADDRESS	NAME John P. Clark STREET ADDRESS 1103 Gulf Dr S			ss	٠				
CITY-ST-ZIP	Bradenton Beach, F	-2 34217	CITY-ST-ZIP	·					
TITLE NAME	Priscilla R. Clark	4	JITLE NAME			. 4"			
STREET ADDRESS	TREET ADDRESS 1103 Gulf DrS			ss			,		
CITY-ST-ZJP	Bradenton Beach,	FL 34217	CITY-ST-ZIP						
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CITY-ST-ZIP	***************************************		CITY-ST-ZIP				* 1		
indicated of the corp	on this report or supplemental report is	strue and accurate and that cowered to execute this repo	my signature sha	all have the	same le	19.07(3)(i), Florida Statutes. I further certify gal effect as if made under oath; that I am da Statutes; and that my name appears in	an officer or director		
SIGNAT		Clark PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			/Z-30-03 941-75	6 2560 ne Phone #		

## FORMULAONE OF BRADENTON, INC. 1103 GULF DRIVE SOUTH BRADENTON BEACH, FL 34217

December 23, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

We have recently discovered that our corporate status has been dissolved due to our error of not filing our Uniform Business Report and paying the \$150 fee.

We are a new corporation which began 2/14/02. Unfortunately we did not receive your department's preprinted forms.

Under the circumstances of being a new entity and not having received the notice, we respectfully request that your department waive the fees associated with the reinstatement of our corporate status.

Enclosed please find our Corporate Reinstatement Form and payment of the \$150 filing fee.

Thank you very much for your consideration in this matter.

Sincerely,

FORMULAONE OF BRADENTON, INC.

John P. Clark President

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Enclosures: \$150 filing fee, Corporate Reinstatement Form