


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 17 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000038021				
1. Corporation Name SLADE INVESTMENT PROPERTIES, INC.				
2. Principal Office Address 695 NORTH A1A		3. Mailing Office Address 695 NORTH A1A		
Suite, Apt. #, etc. 140		Suite, Apt. #, etc. 140		
City & State PONTE VEDRA BEACH, FL		City & State PONTE VEDRA BEACH, FL		
Zip 32082	Country USA	Zip 32082	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 20-2337382		
		Applied For <input type="checkbox"/> 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 D. BOWEN SLADE				
Street Address (P.O. Box Number is Not Acceptable) 695 NORTH A1A				
Suite, Apt. #, Etc. 140				
City PONTE VEDRA BEACH		State FL	Zip Code 32082	
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 <i>D. Bowen Slade</i>		Date 2/15/05		
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	
PCTD	D. BOWEN SLADE	695 NORTH A1A	PONTE VEDRA BEACH, FL 32082	
SD	LISSA B. SLADE	695 NORTH A1A	PONTE VEDRA BEACH, FL 32082	
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: D. BOWEN SLADE <i>D. Bowen Slade</i>		Date 2/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 904-241-2533		

CR2E081 (10/02)



✓ Income Tax Service
✓ Financial & Insurance Services
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320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

February 16, 2005

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document P02000038021- Slade Investment Properties, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$300.00, for the year 2004 and 2005.

Mr. Slade, President of the above Corporation, did not receive his reports for the referenced corporation. He has had no address changes and should have received all reports timely. While preparing his taxes this year it was discovered that he did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Mr. Slade has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check #4790