

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # P02000048828

1. Corporation Name

Old Friend Enterprises, Inc.

2. Principal Office Address

102 Lexington Street

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

U.S.A.

3. Mailing Office Address

102 Lexington Street

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

U.S.A.

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/02

5. FEI Number

None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James M. Hammond, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1831 N. Belcher Road

Suite, Apt. #, Etc.

Suite A-1

City

Clearwater

State

FL

Zip Code

33765

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

James M. Hammond
REGISTERED AGENT MUST SIGN

Date 3/5/04

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	Jerry L. Potts	102 Lexington Street	Oldsmar, FL 34677
S/T	William T. Campbell, III	2221 Autumn Drive	Bloomington, IN 47401

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: *Jerry L. Potts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Potts, President

X3-5-04

X(327)804-0179

Daytime Phone #

CR2E081 (01/04)

**LAW OFFICES OF
JAMES M. HAMMOND**

BELCHER POINT PROFESSIONAL CENTER
1831 N. BELCHER ROAD, SUITE A-1
CLEARWATER, FL 33765

JAMES M. HAMMOND

(727) 791-0044
FAX (727) 791-1130

March 5, 2004

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

Re: Corporation Reinstatement: Old Friend Enterprises, Inc.

Dear Sir/Madam:

As discussed with your office on March 5, 2004 I am enclosing , for the purpose of reinstatement of the above-referenced corporation, the following:

1. My trust account check no. 1112 in the amount of \$308.75 (reinstatement fee - \$150.00 per year for two (2) years and \$8.75 for a Certificate of Status). I was advised by your office that the reinstatement fee would be \$300.00 due to the fact that the annual report was returned by the postal service to the Department of State because of a "bad address."
2. Corporation Reinstatement form.

Please return the Certificate of Status to me at your earliest possible convenience.

Thank you very much for the attention to this matter.

Very truly yours,


James M. Hammond

JMH/cmj
Encl.