

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="float: right; text-align: right;">FILED 03 OCT 15 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> DOCUMENT # P02000064909 1. Corporation Name WILLIAM H. HEGAMYER FAMILY CORPORATION			
2. Principal Office Address 511 N. MASHTA DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 511 N. MASHTA DRIVE Suite, Apt. #, etc.	
City & State KEY BISCAYNE, FLORIDA Zip Country 33149 U.S.A.		City & State KEY BISCAYNE, FLORIDA Zip Country 33149 U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida JUNE-12, 2002			
5. FEI Number 04-3685074			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 CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER, 201 SOUTH BISCAYNE BOULEVARD Suite, Apt. #, Etc. City State Zip Code MIAMI FL 33131			
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 10/9/03 <div style="text-align: center; font-weight: bold;">REGISTERED AGENT MUST SIGN</div>			
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 Officers and/or Director	City/State/Zip
D/P	WILLIAM H. HEGAMYER	511 N. MASHTA DRIVE	KEY BISCAYNE, FL 33149
D/S	KATHARINE LEE HEGAMYER	511 N. MASHTA DRIVE	KEY BISCAYNE, FL 33149
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:		WILLIAM H. HEGAMYER, DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/9/03	Daytime Phone # (305) 361-2550