CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 2: 42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-02000010987

1. Corporation Name

Shuler Tidewater of Florida, Inc

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
15 Briarwood Path	P. O. Box 1698
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Bunnell, FL	City & State Bunnell, FL

Zip 32110	Country USA	Zip 32110	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8-1-2002

5. FEI Number 81-0563294

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 Gary Alan Shuler

300024382053
11/03/03--01073--002 **150.00

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

Suite, Apt. #, Etc.

City Bunnell	State FL	Zip Code 32110

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 _____
REGISTERED AGENT MUST SIGN

Date 10-31-2003

CR2E031 (10/02)

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.S.T	Gary Shuler	604 Deen Road	Bunnell, FL 32110

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: _____ GARY ALAN SHULER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2003
Date

(386) 586-7793
Daytime Phone #