


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
 03 OCT 31 PM 4:58
 10/31/03 10:58 AM '03

DOCUMENT # PD200009375

1. Corporation Name
50HWY17S, INC.

2. Principal Office Address 50 Hwy 17 South Suite, Apt. #, etc.		3. Mailing Office Address 50 Hwy 17 South Suite, Apt. #, etc.	
City & State Yulee, FL		City & State Yulee, FL	
Zip 32097	Country	Zip 32097	Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 9/13/02

5. FEI Number 56 2292990
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: A. Jeffrey Tomassetti, Esq.

Street Address (P.O. Box Number is Not Acceptable): 406 Ash Street

Suite, Apt. #, Etc.

City: Fernandina Beach, FL 32034

State: FL Zip Code: 32034

600024335186
10/31/03--01068--006 **75.00

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: [Signature] Date: 10/30/03

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
P/D	W. Doyle Claxton	50 Hwy 17 South	Yulee, FL 32097
S	W. Doyle Claxton	50 Hwy 17 South	Yulee, FL 32097
T	W. Doyle Claxton	50 Hwy 17 South	Yulee, FL 32097

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] **10/30/03** **(904) 225-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)