PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000112599 DOCUMENT #

03 OCT 29 AM 11:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name FAST T.E.S.T., INC. Principal Place of Business Mailing Address 1003 N. COMBEE ROAD 1003 N. COMBEE ROAD LAKELAND FL 33801 LAKELAND FL 33801 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 10/18/2002 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED for a Certificate of Status ノnik 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director R. Smith 700 10/29/D3--01071--013 **150,00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VITAGLIANO, DIANA L Street Address (P.O. Box Number is Not Acceptable 540 PRADO PLACE LAKELAND FL 33803 Zip Code

FILED

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Do whom it may concern:

I didn't receive the 1st notice for the UBR Forms. The address has been corrected. Thank you Derese Smith Director of Fast Jest Inc.

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: FAST T.E.S.T., INC.

Document Number: P02000112599

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 19th day of September, 2003.

Geada E. Hood

Glenda F. Hood

Secretary of State