Y	PLEASE READ	ALL INSTRUC	NS BEFORE C	OMPLETING	G THIS	FORM.	••	
CORPORA REINSTATE		FLORIDA DEPARTM Secretary o	f State		4 NOV -	ILED -4 PM I:	•	
DOCUMENT # P0300000606  1. Corporation Name  Randell Enterprises				SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OUT				
2. Principal Office Ar 9657 Suite, Apt. #, etc.	Vinepodicion FL	Suite, Apt. #, etc.  City & State	country"	4. Date Incorpora To Do Busines  5. FEI Number H3-L3  6. CERTIFICATE OF	ted or Qualifis in Florida	ed 1/151	*150.00  Applied For Not Applicable	
Suite, City	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.  City—Baca—Patan, FL  State Zip Code FL 33428  3. 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 Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State Zip Code The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)  State The Address (P.O. Box Number is Not Acceptable)							
				and Defining				
Titles	Name of Officers and/or Directors		rida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director			City / State / Zip		
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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 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:								

Randell Enterprises Inc. Jay Randell, D.M.D. 9657 Vineyard Court Boca Raton, FL 33428

October 22, 2004

\_To\_Whom It May\_Concern:

I am enclosing the application for corporation reinstatement with the fee for \$150-. I never received the application by mail. The notice of dissolution was the only correspondence I have received regarding corporate renewal.

Thank You for your understanding,

Jay S. Randell

President