PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 APR 30 PM 3: 25
DOCUMENT # PO3000027169 1. Corporation Name Fi. Fadsden Creek, Inc.		SEURCIARY OF STAIL TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 224 Franklin Blud, Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	CR2E081 (12/07) DICTATE A TENEDOTO TO CONTROL OF CONTR
City & State ST. George Tstand Zip Country 32328 USA	City & State	To Do Business in Florida 5. FEI Number 15 30 65 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 WALTEN J. AKMI STE AD Street Address (P.O. Box Number is Not Acceptable) 224 Franklik B) Vd. Suite, Apt. #, Etc. City ST. George Island State FL 32378		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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		
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors	f/or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo	h City/State/7in
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· .		900129432559 05/14/0801008018 **450.00
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		