



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P03000035486</u>			
1. Corporation Name Highway 9 Ventures, Inc.			
2. Principal Office Address 842 Forest Street Suite, Apt. #, etc.		3. Mailing Office Address Post Office Box 4683 Suite, Apt. #, etc.	
City & State Seaside, Florida		City & State Seaside, Florida	
Zip 32459	Country USA	Zip 32459	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 03/28/2003	
		5. FEI Number 54-2109602	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name John W. Hawkins			
Street Address (P.O. Box Number is Not Acceptable) Matthews & Hawkins, P.A.			
Suite, Apt. #, Etc. 4475 Legendary Drive			
City Destin		State FL	Zip Code 32541
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 _____		Date _____	
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
DPST	Bill Burnett	2 Brookside Drive	Rumson, NJ 07760
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: <u>Bill Burnett</u> 		<u>3/31/04</u> <u>678488-5545</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

05 APR -7 PM 6:02
SEC. STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-05

CR2E081 (11/05)